

# Physician Assistants in California

A Report by the  
Office of Statewide Health Planning and Development

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**Contributors**



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## Executive Summary

As described by the Physician Assistant Board of California, Physician Assistants (PA) are licensed and highly skilled health care practitioners, trained to provide patient evaluation, education, and health care services. PAs work with physicians to provide medical care and guidance needed by patients.<sup>1</sup> In an effort to more closely understand the contributions of PAs to the healthcare workforce in the state, the California Academy of Physician Assistants (CAPA) partnered with the Office of Statewide Health Planning and Development (OSHPD) to develop and administer a survey to all licensed PAs in California in Spring/Summer 2013.

This report will examine the findings received from those PAs who participated in and responded to the survey. The survey questions targeted a variety of quantitative and qualitative data, including but not limited to, provider demographics, education statistics, practice site information, retirement plans, and patient characteristics. As evidenced throughout the report, response rates vary by question. However, the information collected provides a valuable overview of California PAs and their contributions to the state's healthcare workforce.

The catalyst for developing this report came from a previous report, "Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California," published by OSHPD and the Center for California Health Workforce Studies at the University of California, San Francisco in 2000. OSHPD administered a survey in 1998 to all nurse practitioners, physician assistants, and certified nurse midwives licensed to practice in California. The survey was mailed to 2,938 PAs of which 1,669 responded. The 1998 survey asked many of the same questions that the 2013 survey, included in this report, asked. Therefore, in an effort to impart some longitudinal data, six of the charts in this report provide a comparison of results across the previous 1998 and current 2013 surveys.

This report was made possible through the research and analytical efforts of OSHPD's Healthcare Workforce Development Division (HWDD) and the Healthcare Workforce Clearinghouse Program. As California's Primary Care Office, OSHPD's HWDD supports the state's healthcare workforce through strategies focused on pipeline development, training and placement, financial incentives, systems redesign, as well as research and policy. Specifically, HWDD's program, services and resources address, aid, and define healthcare workforce issues throughout the state by:

- Encouraging demographically underrepresented groups to pursue healthcare careers;
- Identifying geographic areas of unmet need; and
- Encouraging primary care physicians and non-physician practitioners to provide healthcare in health professional shortage areas in California.

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<sup>1</sup> Department of Consumer Affairs Physician Assistant Board. What is a Physician Assistant? Retrieved February 2014 from [http://www.pac.ca.gov/forms\\_pubs/what\\_is.shtml](http://www.pac.ca.gov/forms_pubs/what_is.shtml).

The survey's major data findings are summarized below:

- The landscape of gender distribution appears to be changing over time. National data have shown an increase in the percentage of female PAs and a decrease in the percentage of male PAs. Between the 1998 and 2013 surveys, the percentage of female PAs rose by approximately 6% and the percentage of males declined by roughly 6%.
- Data from the 1998 and 2013 surveys showed a decline in the percentage of Caucasian PAs by approximately 6% and a decline in the percentage of African American PAs by roughly 3%; while the percentage of Asian/Pacific Islander PAs has increased by approximately 5%. In terms of race/ethnicity of patients seen by PAs, the percentage of Hispanics/Latinos has remained at 35%, while the percentage of African Americans declined by approximately 1% from 1998 to 2013.
- The 1998 survey reported that the average age of PAs was 43 and by the 2013 survey, the average age had increased to 49. However, the age with the most respondents was 38, which falls within the age range of 35-42 in terms of national comparisons.
- Family Practice continues to be the top specialty, but it has declined by approximately 8% from 1998 to 2013. Emergency Medicine and Internal Medicine have increased by roughly 2% and 5%, respectively from 1998 to 2013.
- The highest percentage of PAs work in private practice, which grew approximately 1% and, those working in school-based clinics, remained the same from 1998 to 2013.
- The percentage of PAs working in MUAs increased by approximately 6% and, those working in HPSAs, decreased by roughly 12% from 1998 to 2013.
- The percentage of PAs working in rural and urban locations has remained the same (with the exception of Frontier Location being added to the 2013 survey, which accounted for <1% of PAs).

## Chapter I

### Introduction

#### The Role of Physician Assistants in Healthcare

The PA profession was created in the mid-1960s in response to the shortage of primary care providers. The first class of PAs consisted of Navy corpsmen who had received extensive medical training and graduated from the Duke University PA program in 1967. According to the American Academy of Physician Assistants, PAs are considered to be one of the fastest growing professions in the United States. Their role in health care continues to expand and is increasingly becoming more vital to help alleviate physician shortages, increase the cost-effectiveness of health care, and promote health through patient education and preventive care.<sup>2</sup>

The American Academy of Physician Assistants reports the following benefits that PAs bring to the healthcare industry:

- Flexibility in the types of medicine they can practice;
- Responsiveness to changing healthcare needs;
- Strong belief in patient education for better health;
- Improved coordination of care;
- Improved outcomes;
- Decreased demand through preventive care;
- Increased cost-effectiveness in health care due to PA labor costs being more affordable;
- Reduction of costly acute care and chronic care management;
- Ability to enter the workforce more quickly than physicians; and
- Increased access to care in rural communities which typically lack a sufficient number of physicians.<sup>3</sup>

PAs are formally trained to practice medicine under the supervision of physicians. The specific duties of PAs vary, depending on state law and their supervising physicians, but many take medical histories, examine and treat patients, order and interpret laboratory tests and X-rays, make diagnoses, treat minor injuries, record patients' progress, counsel patients, order and administer therapy, administer immunizations and injections, perform minor surgery, and prescribe some medications.<sup>4</sup>

California's educational requirements for PAs include the completion of an American Academy of Physician Assistants' accredited, formal medical training program, which involves classroom studies and clinical experience. PAs are also required to pass a national examination in order to obtain their license to practice in the state. PA licenses are renewable every two years. The Physician Assistant Board, which is part of the California Department of Consumer Affairs'

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<sup>2</sup> American Academy of Physician Assistants. Retrieved February 2014 from [http://www.aapa.org/the\\_pa\\_profession/quick\\_facts/resources/item.aspx?id=3838](http://www.aapa.org/the_pa_profession/quick_facts/resources/item.aspx?id=3838).

<sup>3</sup> American Academy of Physician Assistants. Retrieved February 2014 from [http://www.aapa.org/the\\_pa\\_profession/quick\\_facts/resources/item.aspx?id=3838](http://www.aapa.org/the_pa_profession/quick_facts/resources/item.aspx?id=3838).

<sup>4</sup> California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=060100000>.

Medical Board of California, is responsible for the licensure and regulation of PAs.<sup>5</sup> According to the Department of Consumer Affairs, the minimum education level required for PAs is a Bachelor's degree; however, after completion of the two-year PA training program, many typically receive a Master's degree.<sup>6</sup> PAs must complete supervised clinical training in different areas (i.e. family medicine, surgery, internal medicine, geriatrics, pediatrics, etc.) before working as a PA. They are also required to complete 100 hours of continuing medical education every two years.<sup>7</sup> All accredited PA programs will now be required to award a Master's degree and the programs accredited prior to 2013 that do not currently offer a graduate degree must transition to awarding a graduate degree to all PA students who matriculate into the program after 2020.<sup>8</sup>

There are numerous factors which contribute to an increased demand for new allied health professionals, including PAs. With the passing of the 2010 Affordable Care Act (ACA), an aging population, and continued population growth,<sup>9</sup> the nation is in need of more healthcare practitioners to care for patients, many of whom didn't have health insurance prior to the implementation of ACA. PAs were listed as one of three primary care providers in the ACA due to their critical role in meeting the demand for healthcare.<sup>10</sup> As of 2010, the estimated employment of PAs in California reached approximately 8,300 compared to roughly 83,600 nationally. The job outlook for PAs in the U.S. is estimated to increase by 24,700 jobs (30%)<sup>11</sup> and, similarly in California, jobs are expected to increase by 2,100 (25.3%) between 2010 and 2020.<sup>12</sup> Incomes for PAs typically vary depending on experience, geographical location, specialty, and practice setting. The median wage for PAs in California is slightly higher than the median wage nationally. In 2013, The Employment Development Department's Labor Market Information Division reported the median wage for PAs in California at \$103,708 annually,<sup>13</sup> while the U.S. Bureau of Labor Statistics reported national annual median wages of \$90,930 for PAs in 2012.<sup>14</sup>

PAs play an invaluable role in providing access to care in rural and underserved areas in California and the U.S. The American Academy of Physician Assistants recently reported that 32% of PAs practice in primary care and 37% work in medically underserved counties in the

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<sup>5</sup> Department of Consumer Affairs Physician Assistant Board. Retrieved February 2014 from [http://www.pac.ca.gov/forms\\_pubs/what\\_is.shtml](http://www.pac.ca.gov/forms_pubs/what_is.shtml).

<sup>6</sup> Department of Consumer Affairs. California Healthcare Jobs: Working for Tomorrow. Retrieved February 2014 from [http://www.dca.ca.gov/publications/healthcare\\_jobs.pdf](http://www.dca.ca.gov/publications/healthcare_jobs.pdf).

<sup>7</sup> California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

<sup>8</sup> Accreditation Review Commission on Education for the Physician Assistant, Inc. ARC-PA Accreditation Manual for Standards, 4<sup>th</sup> Edition. December 2013. Retrieved May 2014 from <http://www.arc-pa.org/documents/AccredManual%204th%20edition%20Dec%202013%20FNL.pdf>

<sup>9</sup> California Healthcare Foundation. California's Health Care Workforce. Retrieved January 2014 from <http://www.chcf.org/publications/2011/02/californias-health-care-workforce>.

<sup>10</sup> American Academy of Physician Assistants. Physician Assistant Workforce Critical to Expanding Healthcare Access in Crowded U.S. Marketplace. 2013. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=6835](http://www.aapa.org/news_and_publications/news/item.aspx?id=6835).

<sup>11</sup> U.S. Bureau of Labor Statistics. Physician Assistants. Retrieved October 2013 from <http://www.bls.gov/ooh/healthcare/print/physician-assistants.htm>.

<sup>12</sup> Employment Development Department/Labor Market Information Division. Projections of Employment by Occupation. Retrieved October 2013 from [www.labormarketinfo.edd.ca.gov/?PageID=1011](http://www.labormarketinfo.edd.ca.gov/?PageID=1011).

<sup>13</sup> Employment Development Department/Labor Market Information Division. Occupational Employment Statistics Survey, 2013. Retrieved October 2013 from [www.labormarketinfo.edd.ca.gov/?PageID=1009](http://www.labormarketinfo.edd.ca.gov/?PageID=1009).

<sup>14</sup> U.S. Bureau of Labor Statistics. Physician Assistants. Retrieved February 2014 from <http://www.bls.gov/ooh/healthcare/physician-assistants.htm#tab-1>.

U.S.<sup>15</sup> In 2003, a large proportion of California's PAs were practicing in rural communities (22%), in Health Professional Shortage Areas (HPSAs) (35%), and in communities with a high number of low-income or minority residents (48%).<sup>16</sup> PAs may be the principal care providers in rural or inner city clinics<sup>17</sup> and, according to U.S. Health and Human Services Secretary Kathleen Sebelius, PAs are a lifeline to patients in medically underserved communities and rural areas.<sup>18</sup>

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<sup>15</sup> American Academy of Physician Assistants. Physician Assistant Workforce Critical to Expanding Healthcare Access in Crowded U.S. Marketplace. 2013. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=6835](http://www.aapa.org/news_and_publications/news/item.aspx?id=6835).

<sup>16</sup> Grumbach K, Hart G, Mertz E, Coffman J, and Palazzo L. Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington. *Annals of Family Medicine*, 1:2. 2003.

<sup>17</sup> California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department. <http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

<sup>18</sup> American Academy of Physician Assistants. Physician Assistants Officially Recognized as Key Healthcare Providers. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=6227](http://www.aapa.org/news_and_publications/news/item.aspx?id=6227).

## Chapter II

### Methodology

The information presented in this report is from a survey which identified PAs holding active California licenses in 2013. The survey was developed by the Office of Statewide Health Planning and Development using *Survey Monkey*. The link to the survey was sent, electronically, to 8,947 PAs in California. There were 3,405 respondents to the survey, which yielded a 38% response rate.

The survey contained questions regarding the characteristics of PAs and their patients. The following topics were included:

- Demographics;
- Educational pipeline;
- Provider information; and
- Characteristics of patients seen by PAs.

A previous report by OSHPD and the Center for California Health Workforce Studies at the University of California, San Francisco, “Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California,” was published in 2000 and based on a survey administered by OSHPD in 1998. The survey was sent to all nurse practitioners, physician assistants, and certified nurse midwives licensed to practice in California. The 1998 survey asked many of the same questions that this 2013 survey asked. Therefore, six of the charts in this report provide a comparison of results across the previous 1998 and current 2013 surveys.

A copy of the 2013 survey instrument is included in Appendix A. Table 1 below compares information on the number of respondents between the 1998 and 2013 surveys.

**Table 1: Survey Response Information**

Survey Information	Physician Assistants	
	1998	2013
Surveys Sent	2,938	8,947
Respondents	1,669	3,405
Response Rate	57%	38%

Note: The total number of respondents was 3,405; however, not all respondents answered each question, so responses are varied.

#### II.A Limitations

This survey has some limitations, which are important to note. As part of the survey design, responses to all questions were not mandatory; therefore, survey participants were given the option to skip questions. Subsequently, each question in this report represents a subset of all survey participants and the total number of respondents varied significantly for each question. Some of the questions produced average responses, which means that the actual information is a calculation of all responses received; therefore, some of the charts displayed percentages that total over 100%.

For the question regarding primary practice site, one of the options was designated as “Other,” which was another open-ended question. There were 305 responses listed in the “Other” category so, in terms of developing a table for inclusion in this report, the 305 responses were grouped into numerous categories. The grouped categories are considered to be subjective and, therefore, may not reflect the way others may have categorized them.

Two of the questions regarding residence and practice locations were open-ended questions, which required a great deal of data cleansing. A large number of the filled-in responses were incorrect in terms of the following:

- Incorrect zip code listed for the identified county;
- Incorrect county listed for the identified zip code;
- Street addresses listed in the county field;
- Countries listed in the county field;
- Numbers listed in the county field;
- Cities listed in the zip code field;
- California listed in the zip code field;
- Question marks listed in the zip code field; and
- Zip codes were listed as four digits only.

Most of the filled-in responses were corrected via additional research; however, there were some that were unable to be corrected based on the reasons listed above. Since the focus of the survey was on California, the out of state and out of country responses were omitted from the analysis.

Another limitation is that a much higher response rate would be needed to generalize the information gathered to smaller areas in California. Additionally, there may be other biases to account for in this particular survey. For instance, with the exception of four questions, the number of PAs who skipped questions increased throughout the duration of the survey. This pattern may suggest that the survey, which had 27 questions, was too long, possibly causing response fatigue. Another possible explanation could be that the survey structure was inconsistent in terms of logical errors in the flow of questions.

## Chapter III

### Demographics

#### III.A Gender

Data gathered for gender distribution were derived from 2,926 respondents; 479 PAs did not provide a response to this question. As shown in Figures 1 and 2, the gender distribution of PAs has changed between 1998 and 2013. According to the 1998 survey, PAs were almost 50-50 male and female (the number of PAs who answered this particular question is unknown; however, there were 1,669 respondents for the 1998 survey overall). By 2013, the survey indicated a higher percentage of female PAs than male; while the percentage of females rose to approximately 57%, the percentage of males declined to about 42%. National comparisons of gender distribution are becoming more closely aligned with California's percentages, showing approximately 61% female and 38% male, according to the American Academy of Physician Assistants' 2010 census.<sup>19</sup> A study published in *Human Resources for Health* also showed the changing landscape in gender distribution from 1980-2007, reporting a decrease in the number of male PAs from roughly 63% in 1980 to about 33% in 2007 and an increase in the number of female PAs from approximately 36% in 1980 to about 66% in 2007.<sup>20</sup>

Figure 1

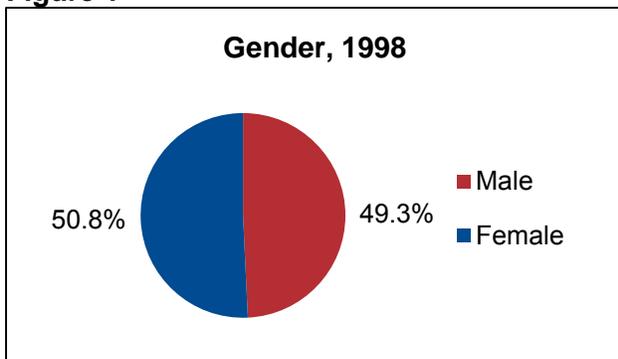
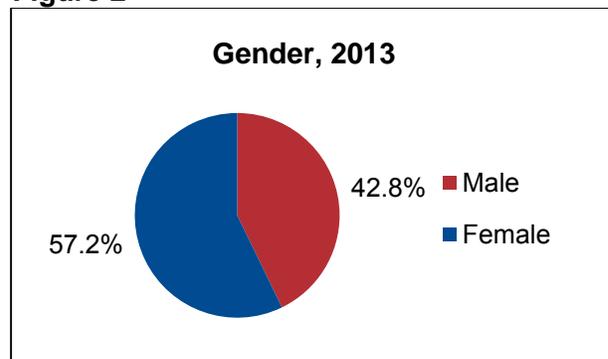


Figure 2



\*N=2,926

#### III.B Race/Ethnicity

Data gathered for race/ethnicity were derived from 2,921 respondents; 484 PAs did not provide a response to this question. The 2013 survey provided seven cultural/ethnic background categories which a PA could select; however, PAs could select more than one background, possibly resulting in duplicate counts for a single PA. Based on the 1998 and 2013 surveys, PAs show more racial and ethnic diversity than many other practitioners. The distribution is similar to the diversity of California's population,<sup>21</sup> with the exception of Hispanics/Latinos. As of 2012,

<sup>19</sup> American Academy of Physician Assistants. *Physician Assistant Census Report: Results from the 2010 AAPA Census*. Alexandria, VA. 2011.

<sup>20</sup> Xiaoxing Z., Cyran E., and Salling, M. *National Trends in the United States of America Physician Assistant Workforce from 1980 to 2007*. *Human Resources for Health*. 2009, 7:86.

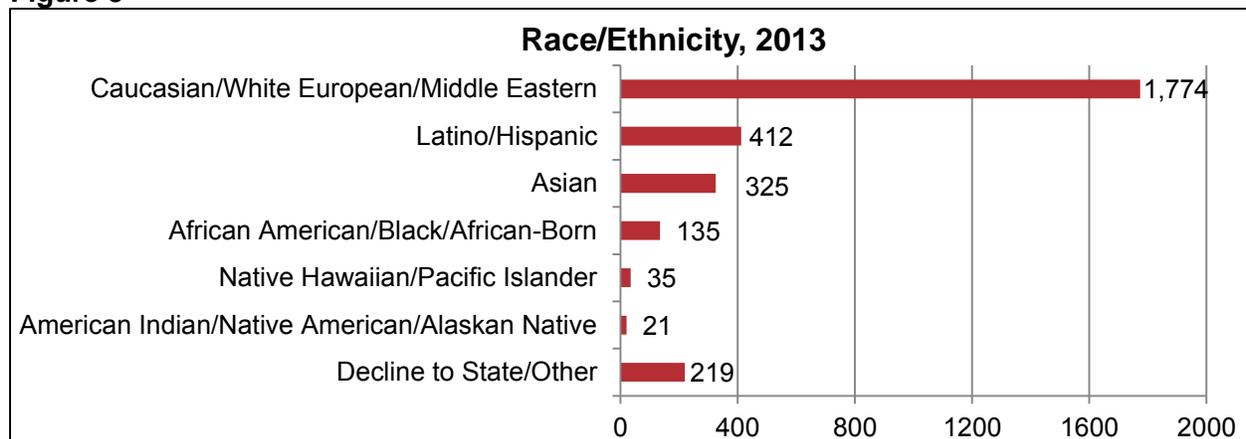
<sup>21</sup> Office of Statewide Health Planning and Development and the Center for California Health Workforce Studies. *University of California, San Francisco. Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California*. Spring 2000.

Hispanics/Latinos comprised roughly 38% of California’s population,<sup>22</sup> but only about 14% of California’s PA population. The 1998 survey reported that 8% of PA respondents were African American, while the 2013 survey shows a decline to 5%. The 1998 and 2013 surveys reported that 67%<sup>23</sup> and 61% of PAs were Caucasian, respectively. The categories for race/ethnicity were not defined in the same way for the 1998 and 2013 surveys and the number of respondents for the 1998 survey is unknown, so a direct chart comparison is not displayed. Results from the 2013 survey can be seen below in Table 2 and Figure 3.

**Table 2: Race and Ethnicity of Physician Assistants**

Race/Ethnicity	Number	Percent
American Indian/Native American/Alaskan Native	21	1%
Native Hawaiian/Pacific Islander	35	1%
African American/Black/African-Born	135	5%
Asian	325	11%
Latino/Hispanic	412	14%
Caucasian/White European/Middle Eastern	1,774	61%
Decline to State/Other	219	7%
Total	2,921	100%

**Figure 3**



\*N=2,921

### III.C Age Distribution

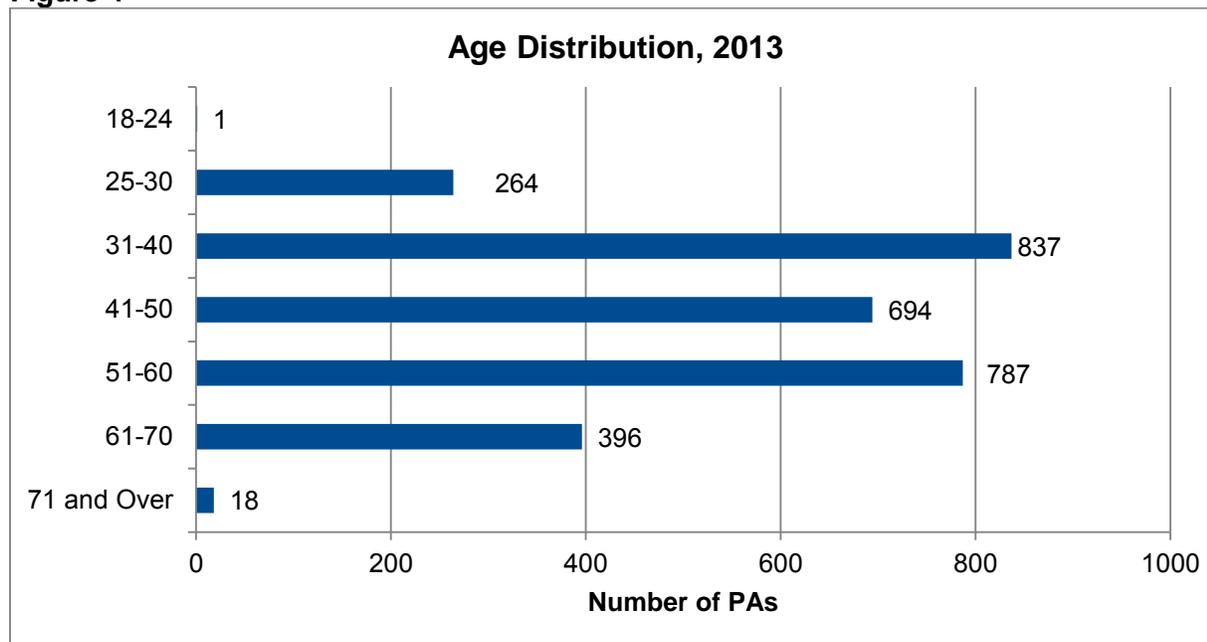
Data gathered for age distribution were derived from 2,999 respondents; 406 PAs did not provide a response to this question. The 2013 survey collected data on PAs’ year of birth, which was then converted to age and, subsequently, grouped into age ranges. Survey respondents ranged in age from a reported 13 years to 77 years. Two respondents stated that they were born in 2000, which equals 13 years of age; therefore, those two respondents were discounted in terms of the age analysis. The mode (age with the most respondents) was 38, which falls into

<sup>22</sup> U.S. Census Bureau. State and County QuickFacts. Retrieved February 2014 from <http://quickfacts.census.gov/qfd/states/06000.html>.

<sup>23</sup> Office of Statewide Health Planning and Development and the Center for California Health Workforce Studies. University of California, San Francisco. Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives in California. Spring 2000.

the 31-40 age range, and the mean age was 49. National comparisons showed the highest number of PAs in the 35-42 age range.<sup>24</sup> A District of Columbia workforce report stated that the majority of their PA survey respondents were between the ages of 31-40<sup>25</sup> and Georgia's Data Book reported the average age of their PAs was 43 years.<sup>26</sup> Figure 4 shows the age distribution of California PA respondents.

**Figure 4**



\*N=2,999

### III.D Foreign Language Fluency

Data gathered for foreign language fluency were derived from 2,917 respondents; 488 PAs did not provide a response to this question. Out of the 2,917 respondents, 1,204 indicated that they were fluent in a language other than English and 1,713 were not. To address the needs of California's diverse population, one of the areas of focus has been foreign language proficiency. Cultural and linguistic barriers tend to impede health care workers' ability to diagnose and treat their patients' diseases and to have a clear understanding of their needs. Without having the knowledge or understanding of the impact that cultural, social, and psychological issues have on their patients, health care providers are unable to adjust their attitudes and behaviors to

<sup>24</sup> American Academy of Physician Assistants. Physician Assistant Census Report: Results from the 2010 AAPA Census. Alexandria, VA. 2011.

<sup>25</sup> District of Columbia Board of Medicine. Physician & Physician Assistant Workforce Capacity Report: A Summary of Findings from the Physician and Physician Assistant 2010 Workforce Survey in the District of Columbia. 2011. Retrieved February 2014 from

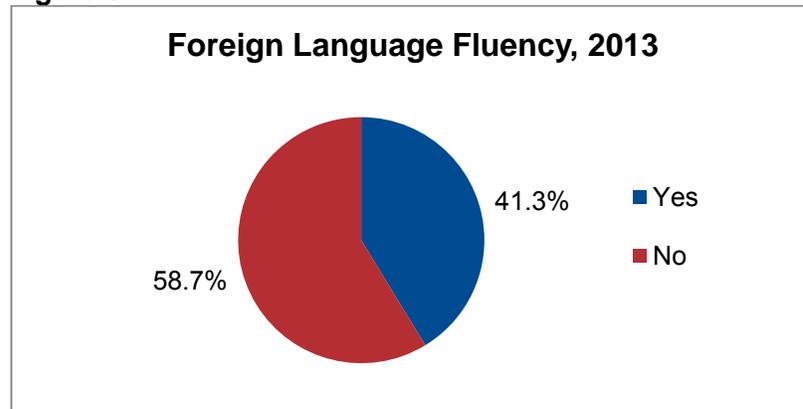
[http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/bomed\\_workforce\\_survey\\_report-final.pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/bomed_workforce_survey_report-final.pdf).

<sup>26</sup> Georgia Board for Physician Workforce. Georgia Physician and Physician Assistant Professions Data Book 2010/2011. Retrieved February 2014 from

[https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/related\\_files/document/2010-2011%20Physician%20and%20Physician%20Assistant%20Data%20Book.pdf](https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/related_files/document/2010-2011%20Physician%20and%20Physician%20Assistant%20Data%20Book.pdf).

account for those issues.<sup>27</sup> Respondents were asked if they are fluent in languages other than English and responses are displayed in Figure 5. Data gathered for verbal and written fluency were derived from 1,197 respondents; 2,208 PAs did not provide a response to this question. Respondents were asked to indicate verbal and written fluency for those other languages. Table 3 shows the verbal and written fluency of foreign languages with the top five languages highlighted.

**Figure 5**



\*N=2,917

**Table 3: Verbal and Written Fluency of Foreign Languages**

Language	Verbal	Written	Language	Verbal	Written	Language	Verbal	Written
Afrikaans	4	4	Hebrew	6	4	Patois	0	0
Albanian	1	0	Hindi	34	17	Persian	9	3
American Sign Language	9	1	Hmong	2	1	Polish	1	1
Amharic	2	1	Hsiang (Xiang Chinese)	1	0	Portuguese	19	14
Apache	1	0	Hungarian	0	0	Rumanian	4	4
Arabic	18	6	Ibo	2	2	Russian	28	27
Armenian	15	10	Ilocano/Iloko	1	0	Samoan	0	0
Bantu	0	0	Indonesian	4	4	Sebuano	1	1
Bengali	0	0	Italian	24	13	Serbian	0	0
Bisayan	2	2	Japanese	9	5	Serbo-Croatian	2	1
Bulgarian	0	0	Kannada	0	0	Sinhalese	3	2
Burmese	1	1	Keres	0	0	Slovak	0	0
Cajun	0	0	Korean	14	7	Spanish	848	575
Cambodian	10	4	Kru	0	0	Swahili	4	3

<sup>27</sup> Briggance B. Impact of Global Immigration on Health Care. Center for the Health Professions at the University of California, San Francisco. 2001.

Language	Verbal	Written	Language	Verbal	Written	Language	Verbal	Written
Cantonese (Yue Chinese)	40	15	Kurdish	0	0	Swedish	9	5
Chamorro	0	0	Lao	2	2	Syriac	0	0
Cherokee	1	0	Lettish	0	0	Tagalog	40	27
Croatian	0	0	Lithuanian	0	0	Tamil	0	0
Czech	1	1	Macedonian	0	0	Telugu	3	0
Dakota	0	0	Malayalam	0	0	Thai	6	3
Danish	4	2	Mandarin	39	25	Tonga	0	0
Dutch	4	3	Mande	0	0	Turkish	6	2
Farsi	40	18	Marathi	3	0	Ukrainian	7	5
Fijian	1	1	Marshallese	1	0	Urdu	19	3
Finnish	1	0	Mien (Lu Mien)	0	0	Vietnamese	41	20
French	70	41	Mon-Khmer	0	0	Yiddish	3	0
French Creole	1	0	Norwegian	1	0	Yoruba	3	2
German	35	16	Navajo	0	0	Other (not listed)	31	10
Greek	4	1	Nepali	0	0	Declined to state	20	
Gujarati	9	1	Panjabi (Punjabi)	21	10	Total Responses	1,197	
Haitian Creole	1	1	Pashto	6	5	Did Not Respond	2,208	

## Chapter IV Educational Pipeline

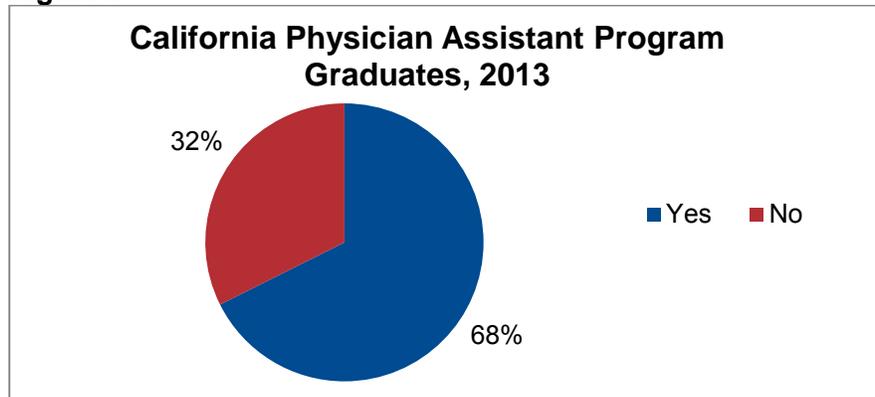
### IV.A Physician Assistant Program Graduates

Data gathered for California physician assistant program graduates were derived from 2,952 respondents; 453 PA respondents did not provide a response to this question. The data showed that the majority of PA respondents (68%) graduated from a PA program in California, as shown below in Table 4 and Figure 6.

**Table 4: California Physician Assistant Program Graduates**

Did You Graduate from a California PA Program?	Number	Percent
Yes	1,996	68%
No	956	32%
Total	2,952	100%

**Figure 6**

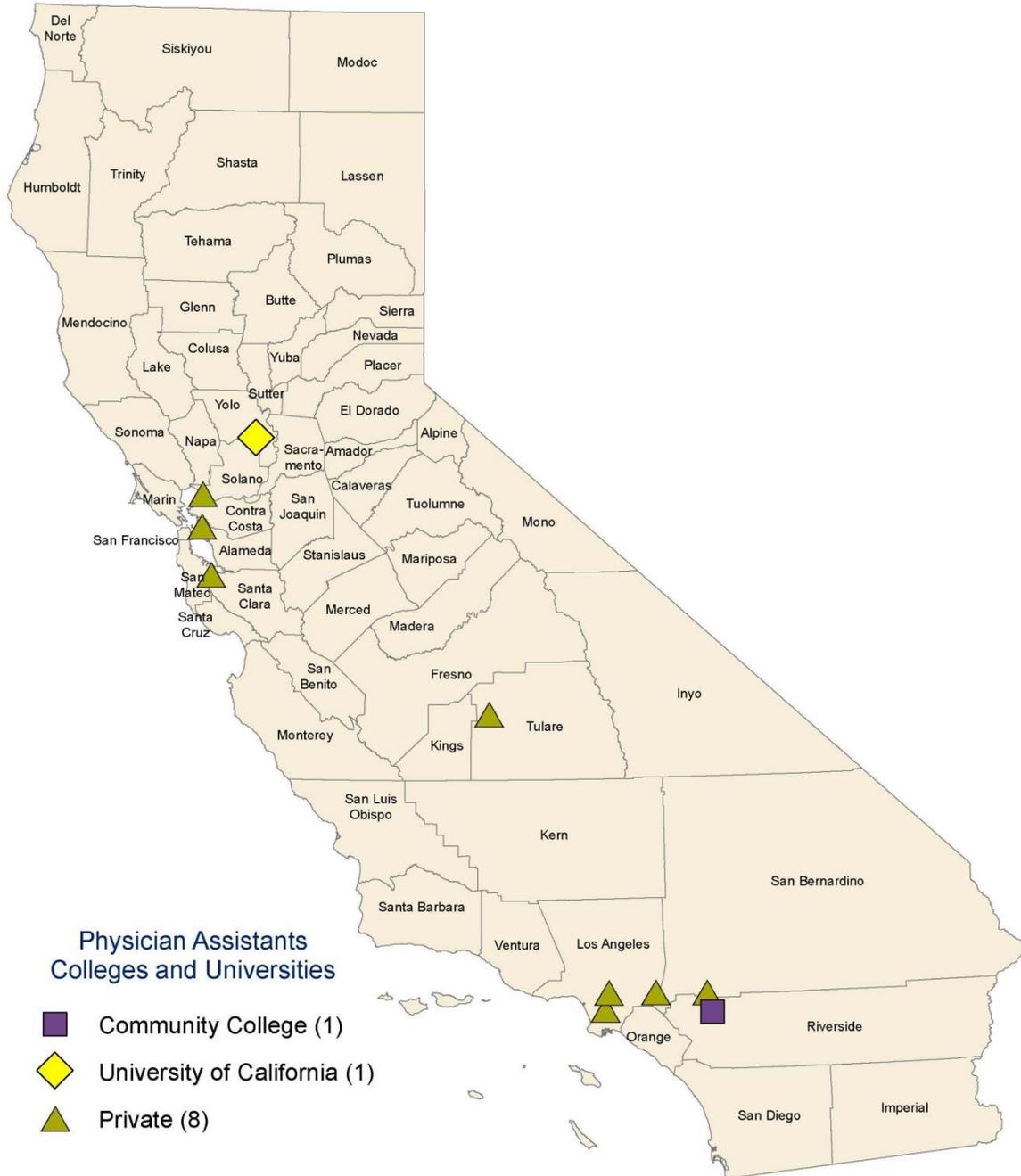


\*N=2,952

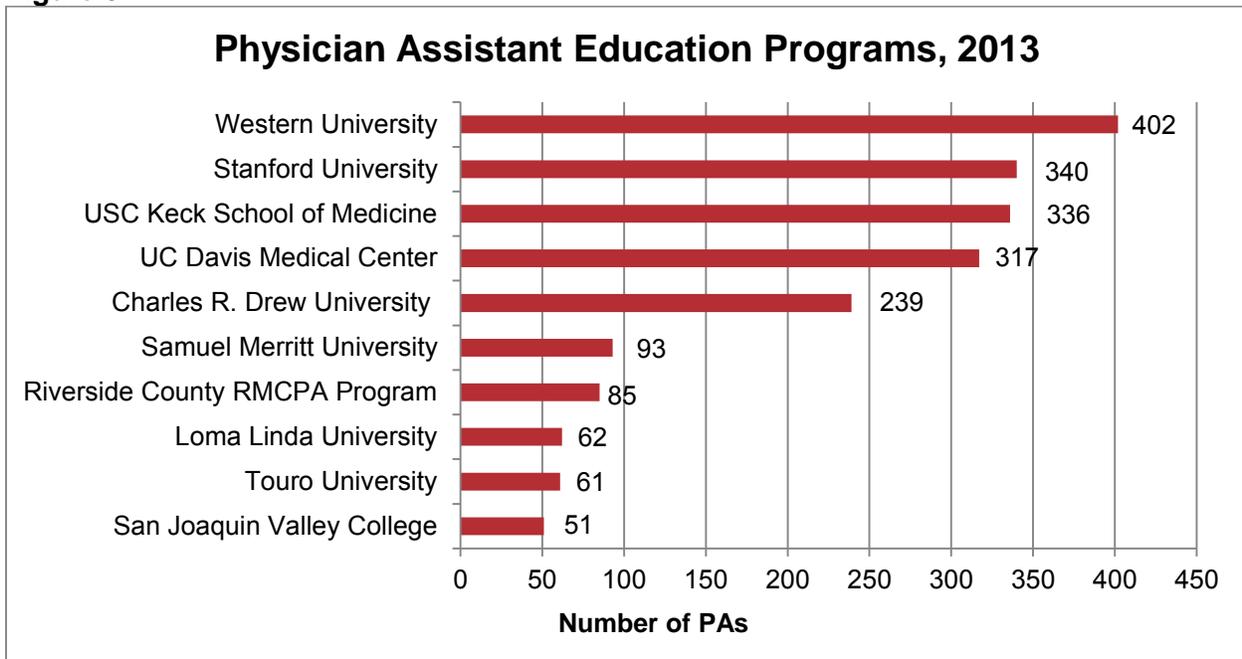
### IV.B Physician Assistant Education Programs

Data gathered for PA programs were derived from 1,986 respondents; 1,419 PAs did not provide a response to this question. At the time of the survey, there were ten education programs in California for PAs. The schools are located in various cities throughout the state, including Sacramento, Los Angeles, Oakland, Riverside, Pomona, Visalia, and Palo Alto. Respondents were asked which PA program they graduated from in California. In the previous question, 2,952 respondents stated that they graduated from a California PA program; however, only 1,986 of those respondents answered this question regarding which PA program. Western University had the highest number of graduates at 402, while San Joaquin Valley College had the lowest number of graduates at 51. The geographic distribution of the California PA programs can be seen in the map displayed in Figure 7. The California PA programs are also shown in Figure 8.

**Figure 7: Physician Assistant Programs in California, 2013**



**Figure 8**



\*N=1,986

Note: Charles R. Drew University of Medicine and Science is also known as Drew University, which is how it is noted in the survey instrument.

#### IV.C Graduation Year

Data gathered for graduation year were derived from 2,929 respondents; 476 PAs did not provide a response to this question. As shown in Table 5, only two PAs graduated in years 1965 and 1968, while 2012 had the highest number of graduates (177). The survey was administered during the Spring/Summer of 2013, which includes only a portion of the year; therefore, the low number of graduates in 2013 is due to an incomplete year of data.

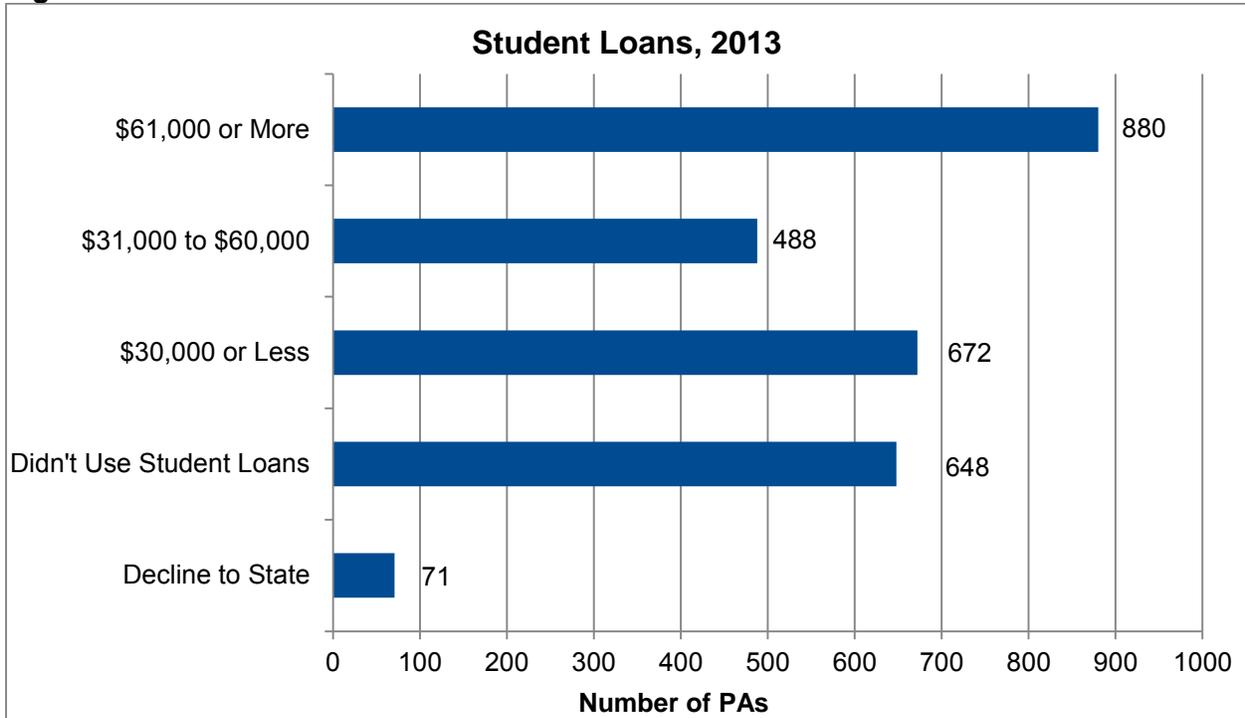
**Table 5: Graduation Year**

Year	PAs	Year	PAs	Year	PAs	Year	PAs	Year	PAs
1965	1	1979	37	1988	39	1997	77	2006	118
1968	1	1980	47	1989	33	1998	91	2007	124
1972	3	1981	41	1990	24	1999	133	2008	113
1973	8	1982	46	1991	34	2000	106	2009	139
1974	17	1983	48	1992	49	2001	137	2010	143
1975	17	1984	54	1993	48	2002	106	2011	162
1976	36	1985	57	1994	72	2003	127	2012	177
1977	45	1986	22	1995	67	2004	105	2013	4
1978	20	1987	20	1996	66	2005	115	Total	2,929

#### IV.D Student Loans

Data gathered for student loans were derived from 2,759 respondents; 646 PAs did not provide a response to this question. Respondents were asked if student loans were used to fund some or all of their PA education and, if so, to indicate the total amount borrowed. Figure 9 displays the survey responses. OSHPD has various programs that assist with loan repayment, provide scholarships, and also help provide funding to PA programs that meet the specified criteria. For more information, see Appendix B.

**Figure 9**



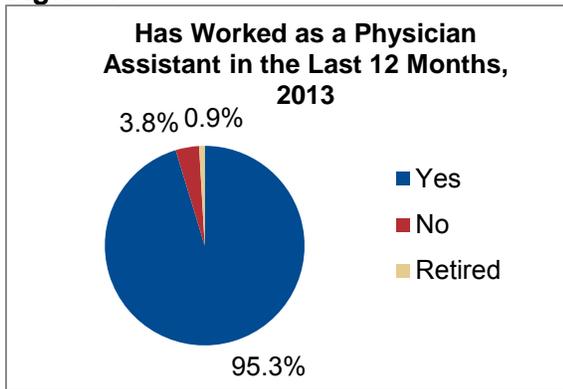
\*N=2,759

## Chapter V Provider Information

### V.A Employment Status

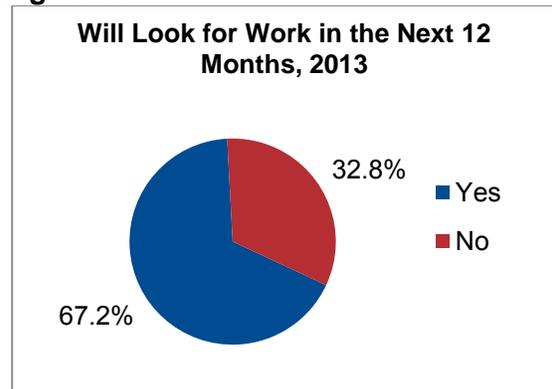
Respondents were asked if they currently hold a California PA license. Out of the 3,405 PAs surveyed, 3,233 are currently licensed to practice in California and 172 are not. When asked about their current work status, 3,040 PAs indicated that they have worked as a PA in the past 12 months, 121 had not, and 28 indicated that they were retired. In addition, 216 respondents did not answer this question related to their current employment status. Furthermore, 82 PAs responded that they are currently looking or plan on looking for work as a PA in the next 12 months and 40 were not. Additionally, 3,283 respondents did not answer this subsequent question regarding looking for work. Figures 10 and 11 display the responses related to current and prospective work status.

**Figure 10**



\*N=3,189

**Figure 11**

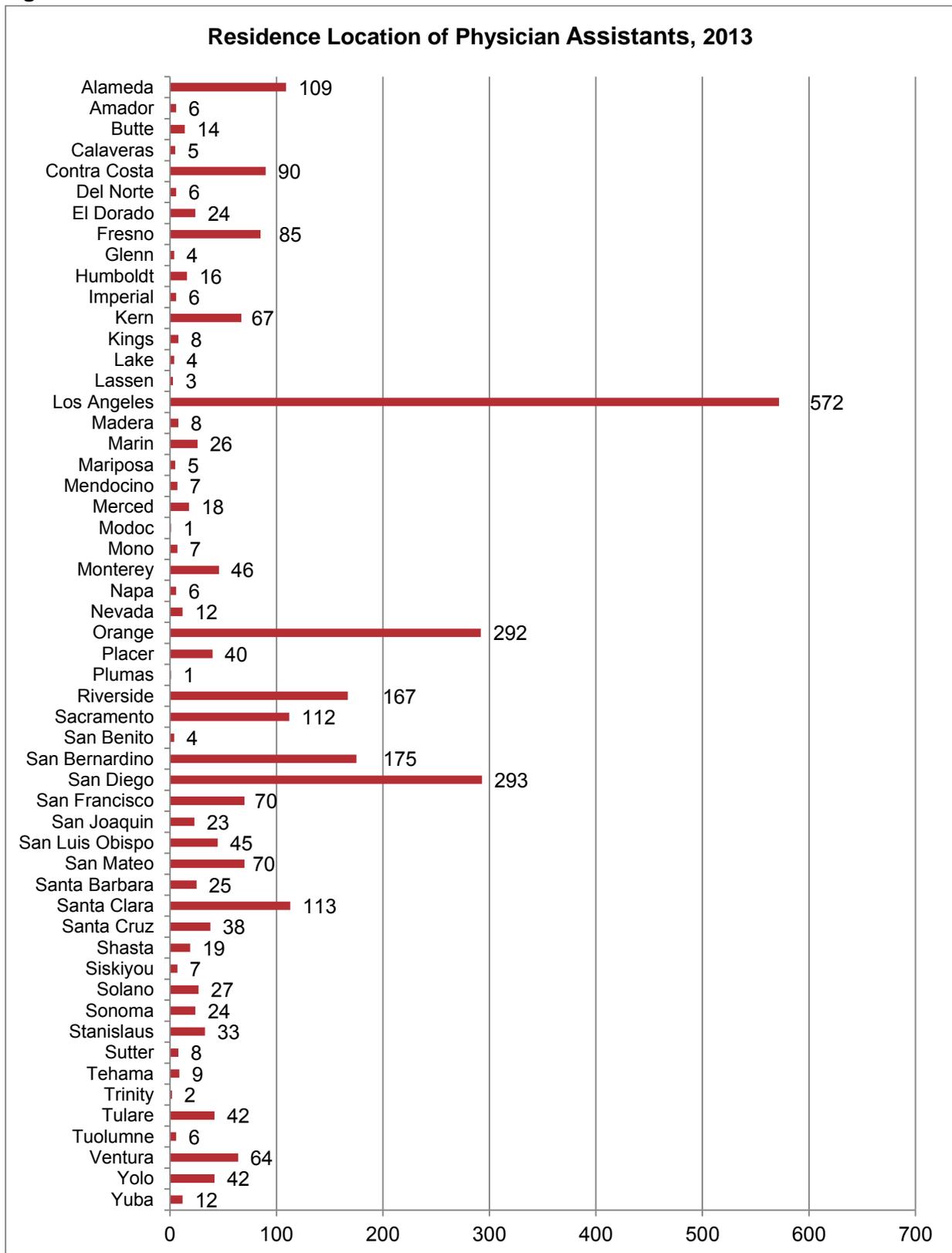


\*N=122

### V.B Residence Location

Data gathered for residence location were derived from 2,918 respondents; 448 PAs did not provide a response to this question. Although 2,957 respondents answered the question, only 2,918 responses were used in this analysis. A total of 39 responses were removed due to being out of state, out of country, or unidentifiable. There were also some errors with how respondents entered information on the survey. Survey respondents were asked to identify their residence location by county and zip code. The counties with the highest number of PAs were Los Angeles, Orange, Riverside, San Diego, and San Bernardino. No PAs reported residing in the counties of Alpine, Colusa, Inyo, or Sierra. Figure 12 displays residence location by county.

**Figure 12**

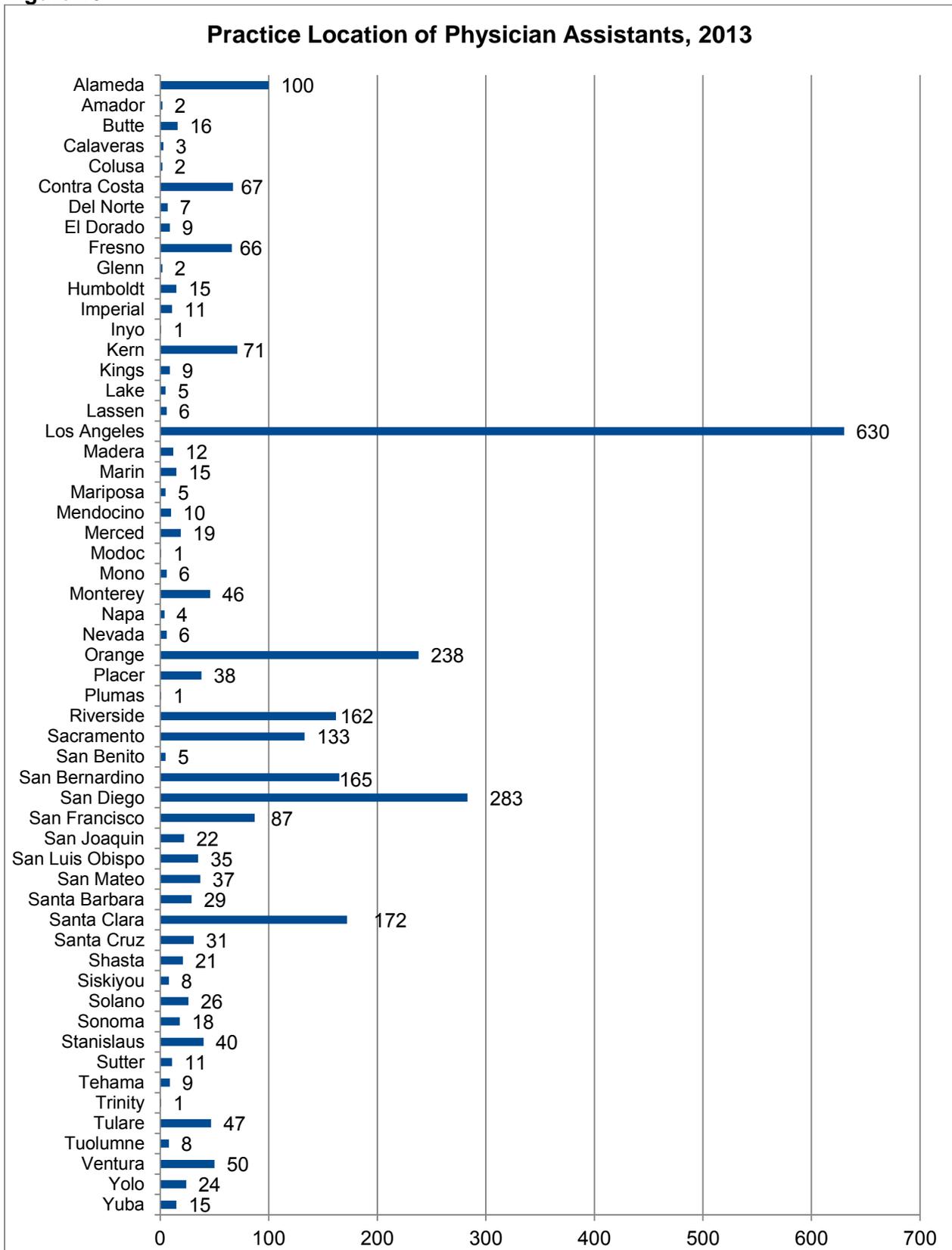


\*N=2,918

## **V.C Practice Location**

Data gathered for practice location were derived from 2,862 respondents; 520 PAs did not provide a response to this question. Although 2,885 respondents answered the question, only 2,862 responses were used in this analysis. A total of 23 responses were removed due to being out of state, out of country or unidentifiable. There were also some errors with how respondents entered information on the survey. The majority of PAs practice in the counties of Los Angeles, San Diego, San Bernardino, Santa Clara, and Orange. No PAs reported practicing in Alpine and Sierra counties. Figure 13 displays practice location by county.

**Figure 13**

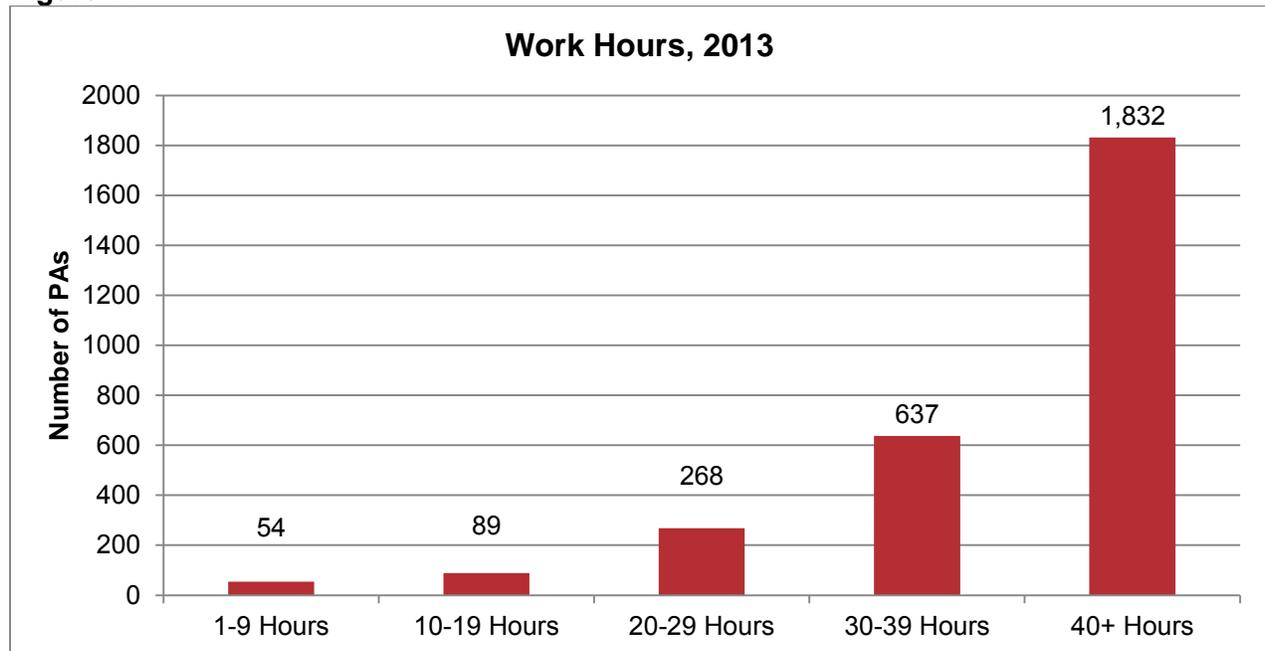


\*N=2,862

## V.D Work Hours

Data gathered for work hours were derived from 2,880 respondents; 525 PAs did not provide a response to this question. Respondents were asked how many hours per week, on average, they work as a PA. Out of 2,880 PAs, only 54 stated that they work between 1-9 hours per week. The majority of PAs (1,832) stated that they work 40 hours or more per week. According to the Employment Development Department's Labor Market Information Division, the workweek of hospital-based PAs varies, but may include 12-hour shifts, weekends, nights, early morning rounds, and sometimes on call shifts.<sup>28</sup> Figure 14 displays the work hours of the PAs surveyed.

Figure 14



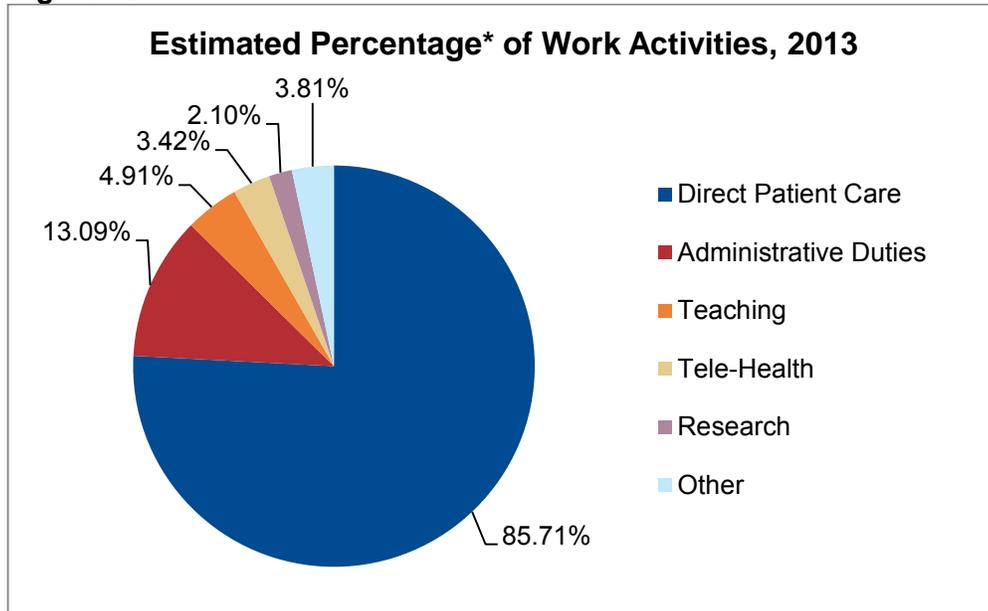
\*N=2,880

## V.E Work Activities

Data gathered for work activities were derived from 2,808 respondents; 597 PAs did not provide a response to this question. Most PAs spend the majority of their time providing direct patient care. Respondents indicated that their primary work duties involve direct patient care, administrative duties, tele-health, teaching, research, and other. Roughly 86% of respondents provide patient care, 13% spend their time fulfilling administrative duties, and close to 5% spend their time teaching. Figure 15 displays the work activities of the PAs surveyed.

<sup>28</sup> California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department.  
<http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

**Figure 15**



\*N=2,808

Note: Estimated percentages are response averages and, therefore, the total is greater than 100%.

## V.F Specialties

Data gathered for specialties were derived from 2,815 respondents; 590 PAs did not provide a response to this question. PA training has typically been oriented toward primary care; however, there has been a national shift toward more specialty care.<sup>29</sup> Many PAs work in primary care specialties, such as family medicine, pediatrics, general internal medicine, and obstetrics and gynecology, as well as general and thoracic surgery, emergency medicine, geriatrics, orthopedics, psychiatry, dermatology, and gastroenterology.<sup>30</sup> According to the survey, family practice had the highest percentage of PAs (38%). Similarly, of the practicing PAs working in primary care specialties in Georgia, the majority were working in family medicine in 2011.<sup>31</sup> Figure 16 displays the top ten primary specialties based on the 2013 survey.

<sup>29</sup> District of Columbia Board of Medicine. Physician & Physician Assistant Workforce Capacity Report: A Summary of Findings from the Physician and Physician Assistant 2010 Workforce Survey in the District of Columbia. 2011.

<sup>30</sup> California Occupational Guides. Physician Assistants in California. Labor Market Information Division. California Employment Development Department.

<http://www.labormarketinfo.edd.ca.gov/occguides/Detail.aspx?Soccode=291071&Geography=0601000000>.

<sup>31</sup> Georgia Board for Physician Workforce. Georgia Physician and Physician Assistant Professions Data Book 2010/2011. Retrieved February 2014 from

[https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/related\\_files/document/2010-2011%20Physician%20and%20Physician%20Assistant%20Data%20Book.pdf](https://gbpw.georgia.gov/sites/gbpw.georgia.gov/files/related_files/document/2010-2011%20Physician%20and%20Physician%20Assistant%20Data%20Book.pdf).

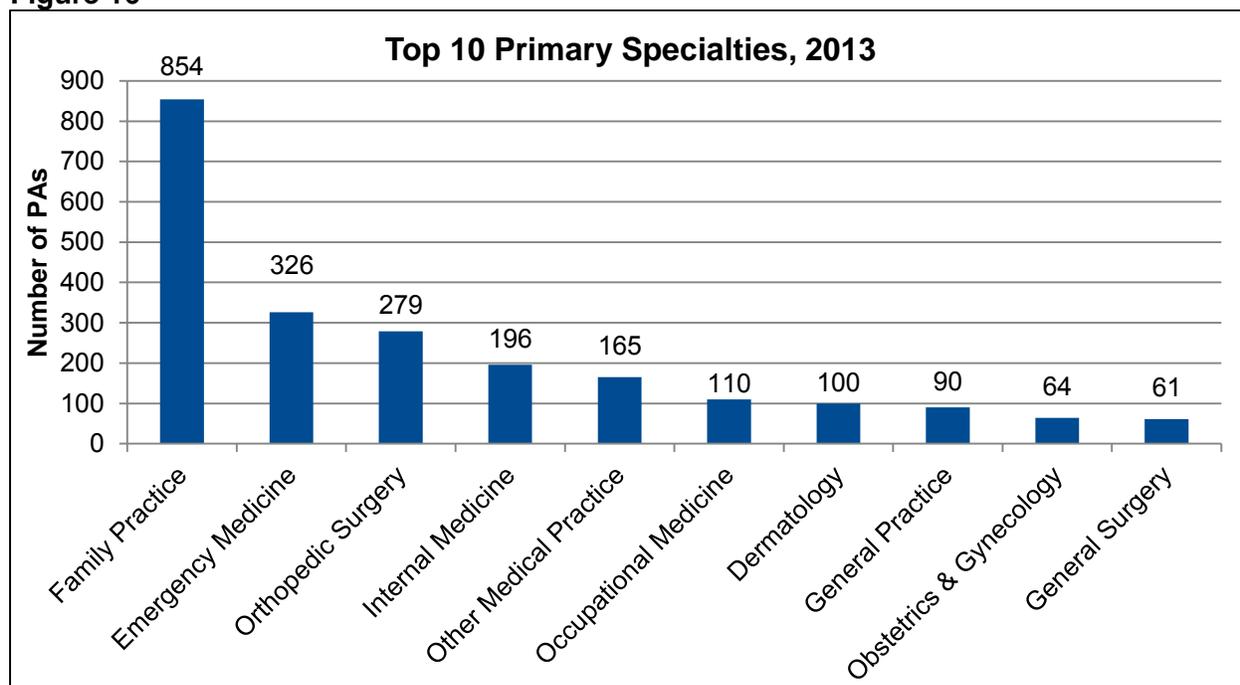
Table 6 provides a comparison between the 1998 and 2013 surveys, which asked the same question regarding specialties.

**Table 6: Comparison of Primary Specialties, 1998 and 2013**

Primary Specialty	Percentage of Physician Assistants by Year	
	1998	2013
Dermatology	N/A	4%
Emergency Medicine	12.8%	15%
Family Practice	45.7%	38%
General Adult Medicine/Practice	6.1%	4%
General Pediatrics	3.6%	N/A
General Surgery	11.9%	3%
Geriatrics	0.9%	N/A
Internal Medicine	4.1%	9%
Obstetrics/Gynecology	4.3%	3%
Occupational Medicine	N/A	5%
Orthopedic Surgery	N/A	12%
School	0.3%	N/A
Other	10.3%	7%
Total	100%	100%

Figure 16 below displays the top ten primary specialties based on the survey.

**Figure 16**



\*N=2,815

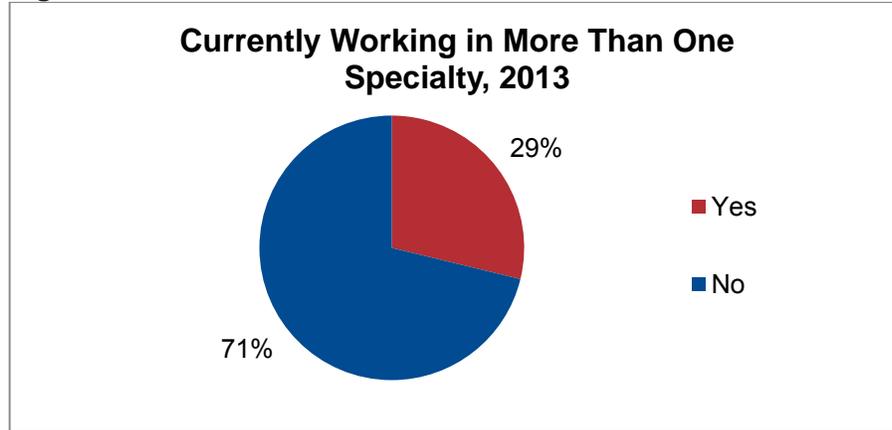
Table 7 below displays all of the primary specialties listed in the 2013 survey.

**Table 7: Primary Specialties**

Primary Specialty	Number of Physician Assistants	Primary Specialty	Number of Physician Assistants
Aerospace Medicine	0	Occupational Medicine	110
Allergy and Immunology	12	Oncology	25
Anesthesiology	4	Ophthalmology	2
Cardiology	49	Orthopedic Surgery	279
Colon and Rectal Surgery	2	Otolaryngology	18
Complementary and Alternative Medicine	4	Pain Medicine	44
Cosmetic Surgery	6	Pathology	0
Critical Care	5	Pediatrics	49
Dermatology	100	Physical Medicine & Rehabilitation	9
Emergency Medicine	326	Plastic Surgery	36
Endocrinology	12	Psychiatry	22
Facial Plastic and Reconstructive	1	Public Health & General Prevention	4
Family Practice	854	Pulmonology	8
Gastroenterology	28	Radiation Oncology	3
General Practice	90	Radiology	8
General Surgery	61	Rheumatology	5
Geriatrics	19	Sleep Medicine	4
Hematology	1	Spine Surgery	22
Infectious Disease	17	Sports Medicine	6
Internal Medicine	196	Surgical Oncology	11
Medical Genetics	0	Thoracic Surgery	29
Neonatal – Perinatal Medicine	3	Urology	32
Nephrology	4	Vascular Surgery	12
Neurology	14	Other Medical Practice	165
Neurological Surgery	39	Did Not Respond	590
Nuclear Medicine	1	Total	2,815
Obstetrics & Gynecology	64		

Respondents were asked whether they currently work in more than one specialty. Out of the 2,813 PAs who answered the question, only 810 said they work in more than one specialty; 592 PAs did not provide a response to the question. Figure 17 below displays the survey responses.

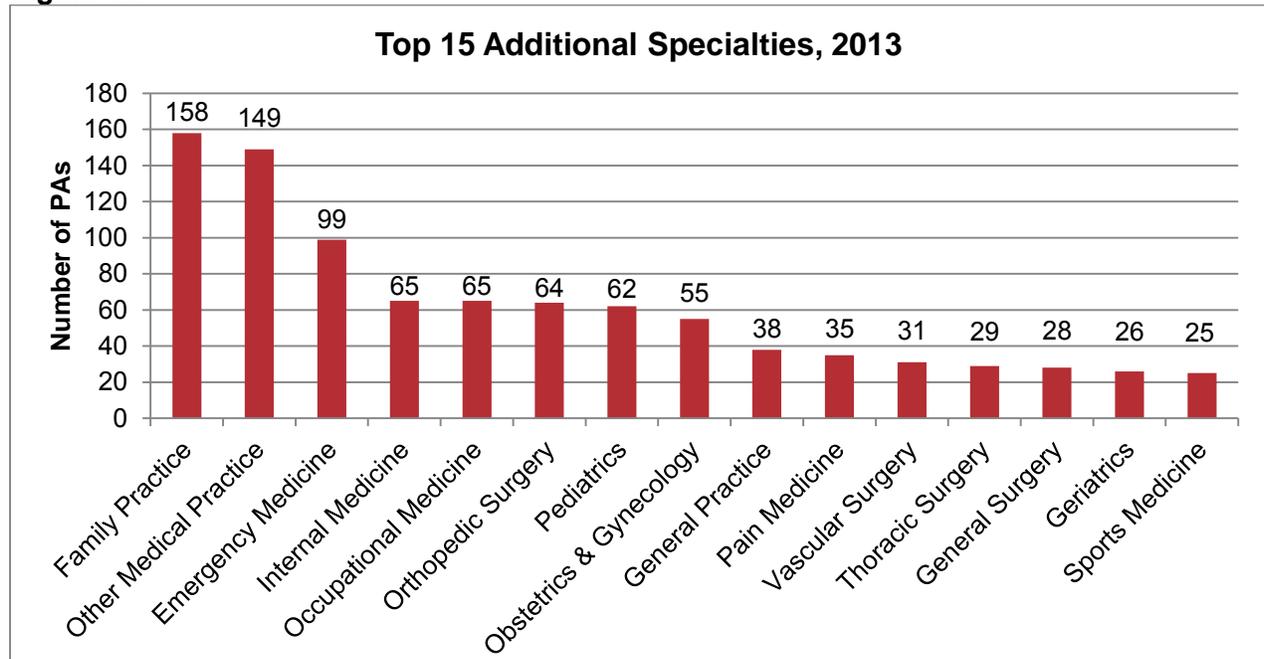
**Figure 17**



\*N=2,813

Respondents were asked to indicate additional specialties that they practice in. Out of 3,405 PAs surveyed, only 812 provided an additional specialty, while 2,593 PAs did not provide a response. Figure 18 displays the top 15 additional specialties that PAs listed. The majority of PAs listed family practice as their top additional specialty.

**Figure 18**

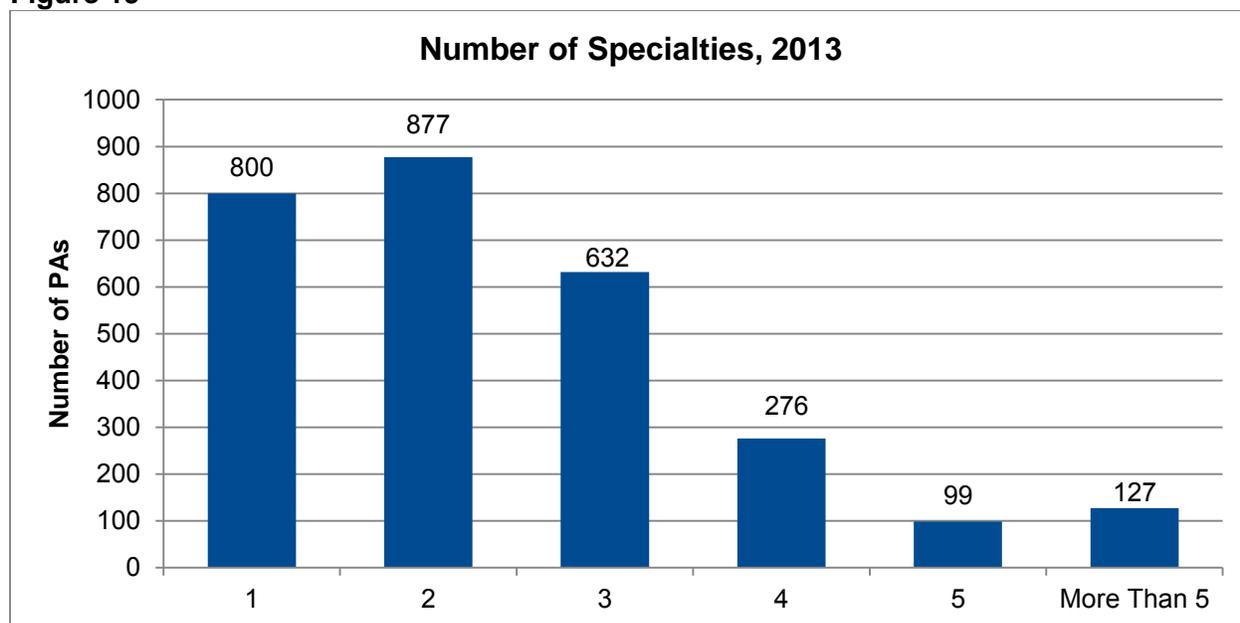


\*N=812

### V.G Number of Specialties

Data gathered for the number of specialties were derived from 2,811 respondents; 594 PAs did not provide a response to this question. Respondents were asked how many different medical specialties they've practiced in since their graduation from a PA program. The highest number of PAs (877) indicated that they have practiced in two medical specialties. Only 99 PAs indicated that they have practiced five specialties; however, a surprising 127 PAs listed more than five specialties. The results can be seen below in Figure 19.

Figure 19



\*N=2,811

### V.H Practice Site

Data gathered for practice site were derived from 2,809 respondents; 596 PAs did not provide a response to this question. Respondents were asked to indicate their primary practice site. The same question was asked in the 1998 survey; therefore, Table 8 displays a comparison of the responses from the 1998 and 2013 surveys. In the 2013 survey, Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) were added to the option of community health center. An overwhelming majority of PAs (1,155) indicated they work in private practice. Figure 20 displays the 2013 survey results only and Table 9 is an expansion of the category "Other" that is listed as a fill-in option in the survey question. The 305 responses in the category "Other" were grouped according to similarity and type.

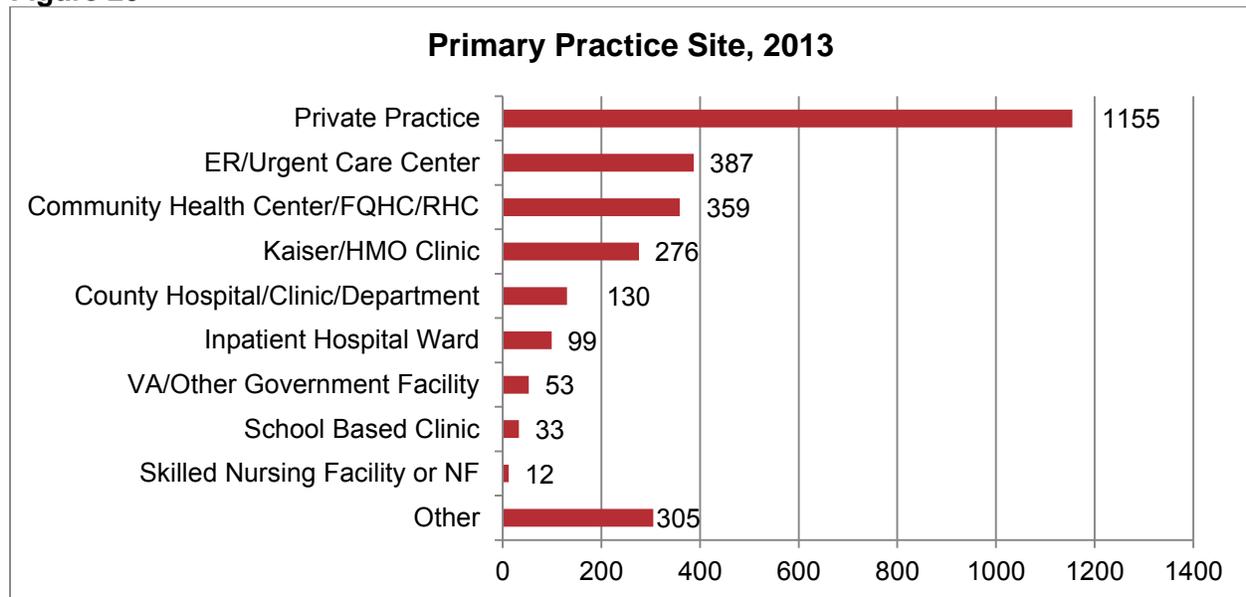
**Table 8: Comparison of Primary Practice Sites, 1998 and 2013**

Primary Practice Site	Percentage of Physician Assistants by Year	
	1998	2013
Private Practice	39.8%	41.4%
ER/Urgent Care Center	13.4%	13.8%
Community Health Center/FQHC/RHC*	12.1%	12.8%
Kaiser/HMO Clinic	7.4%	9.8%
County Hospital/Clinic/Department	4.4%	4.6%
Inpatient Hospital Ward	4.9%	3.5%
VA/Other Governmental Facility	2.8%	1.9%
School Based Clinic	1.2%	1.2%
Skilled Nursing Facility (NF)	N/A	0.4%
Hospital Outpatient	3.8%	N/A
Nursing Home	0.6%	N/A
Other	9.5%	10.9%
Total	99.9%	100%

\* Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) were added to the 2013 survey only.

\*\* Percentage is not equal to 100% due to rounding.

**Figure 20**



\*N=2,809

**Table 9: Primary Practice Site for Category “Other”**

Practice Site for Category "Other"*	Survey Responses
Medical Clinics/Multi-Specialty/Medical Group/Outpatient Clinic	93
Education	64
Hospital/Inpatient & Outpatient Surgery/OR**/Surgery	51
Urgent Care/US Healthworks/Occupational Clinic	22
Correctional	12
Miscellaneous	12
Non-Profit	10
Nursing Home/House Calls/Private Home Care	5
Rural Health Clinics/Rural	5
Not Working/Unemployed/Not in Practice	5
Mobile Clinics	4
Public Health	4
Corporate	4
Military	3
Research	3
Medical Respite/Foundation	3
Psychiatric	2
Tribal Clinics	2
Residential Program/Treatment	1
Total	305

\* Grouped survey responses from 305 PAs who selected the category "Other."

\*\* Operating Room

## V.I Working in Underserved Areas

Data gathered for working in underserved areas were derived from 2,807 respondents; 598 PAs did not provide a response to this question. PAs may be the primary care providers at clinics where a physician is only present one or two days a week, which is more typical in rural locations and MUAs.<sup>32</sup> A study on PAs in California and Washington found that, in California, the greatest proportion of healthcare practitioners practicing in rural areas, vulnerable population areas, and HPSAs were PAs.<sup>33</sup> Several of OSHPD’s programs provide scholarships and loan repayment for eligible healthcare professionals who agree to practice in MUAs, HPSAs, and certain types of facilities. For more information regarding these programs, see Appendix B. A study published in 2003 reported that the national health workforce policy’s objective was to produce enough health professionals to better meet the needs of underserved populations.<sup>34</sup> Eleven years later, this is still the primary goal of many programs focusing on the healthcare workforce.

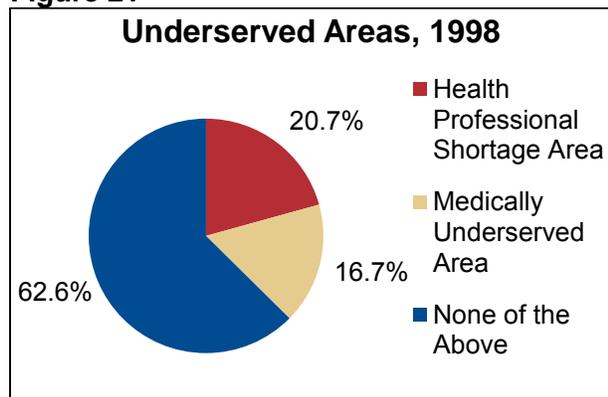
<sup>32</sup> U.S. Bureau of Labor Statistics. Physician Assistants. Retrieved February 2014 from <http://www.bls.gov/ooh/healthcare/print/physician-assistants.htm>.

<sup>33</sup> Grumbach K, Hart G, Mertz E, Coffman J, and Palazzo L. Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington. *Annals of Family Medicine*, 1:2. 2003.

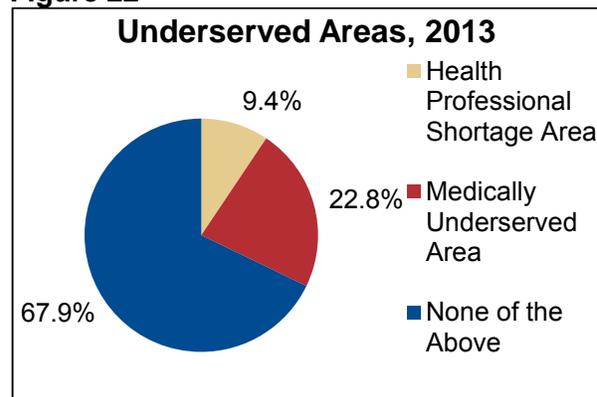
<sup>34</sup> Grumbach K, Hart G, Mertz E, Coffman J, and Palazzo L. Who is Caring for the Underserved? A Comparison of Primary Care Physicians and Nonphysician Clinicians in California and Washington. *Annals of Family Medicine*, 1:2. 2003.

The 1998 and 2013 surveys found that the majority of PAs were not working in either a HPSA or a MUA. However, of the PAs practicing in a HPSA, the percentage decreased from 20.7% to 9.4% between the 1998 and 2013 surveys, respectively. In addition, those practicing in a MUA increased from 16.7% in 1998 to 22.8% in 2013. The comparison of results for PAs practicing in underserved areas in 1998 and 2013 can be seen below in Figures 21 and 22.

**Figure 21**



**Figure 22**



\*N=2,807

Numerous states have had restrictive state regulation and credentialing of PAs, which may limit access to care in rural areas. Some of these states, such as Kentucky, Missouri, Washington, Indiana, and Texas, have started to lessen their restrictions on their rules regulating PAs. For instance, Kentucky removed a requirement that physicians needed to be on-site to supervise PAs during their first 18 months of practice and Washington increased the number of PAs that a physician can supervise in non-remote locations from three to five, which increases patient access to well-educated medical providers.<sup>35 36</sup> In Indiana, PAs are no longer restricted to practicing in certain geographic boundaries.<sup>37</sup> A new law in Texas eliminates language that narrowly defines practice locations for PAs, removes laws governing physician oversight of PA practice, and enhances delegated prescriptive authority.<sup>38</sup> Missouri modified their law regarding the amount of time a physician needs to practice at the same location as a PA. Initially, physicians were required to practice at the same location as a PA for 66% of the time, which was the second most restrictive law in the nation. After modernizing their law, physicians only need to practice at the same location as a PA one-half day every 14 days.<sup>39</sup> These states have shown the benefits of modernizing how PAs practice medicine.

Data gathered for working in underserved areas were derived from 2,806 respondents; 599 PAs did not provide a response to this question. The percentages of PAs working in urban and rural locations were compared across the 1998 and 2013 surveys. Both surveys found that 84% of

<sup>35</sup> American Academy of Physician Assistants. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=5910](http://www.aapa.org/news_and_publications/news/item.aspx?id=5910).

<sup>36</sup> American Academy of Physician Assistants. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=6589](http://www.aapa.org/news_and_publications/news/item.aspx?id=6589).

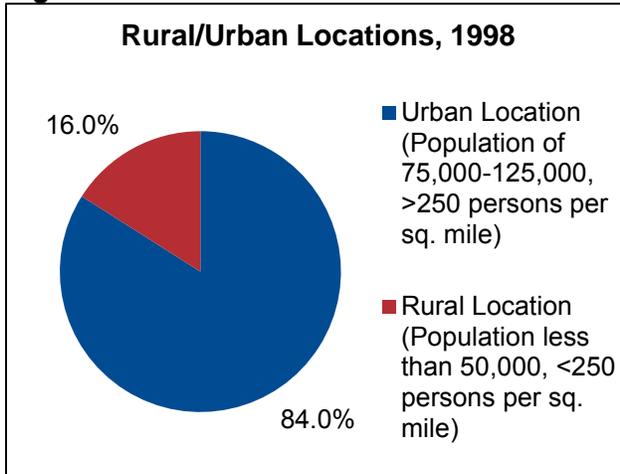
<sup>37</sup> American Academy of Physician Assistants. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=5998](http://www.aapa.org/news_and_publications/news/item.aspx?id=5998).

<sup>38</sup> American Academy of Physician Assistants. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=6399](http://www.aapa.org/news_and_publications/news/item.aspx?id=6399).

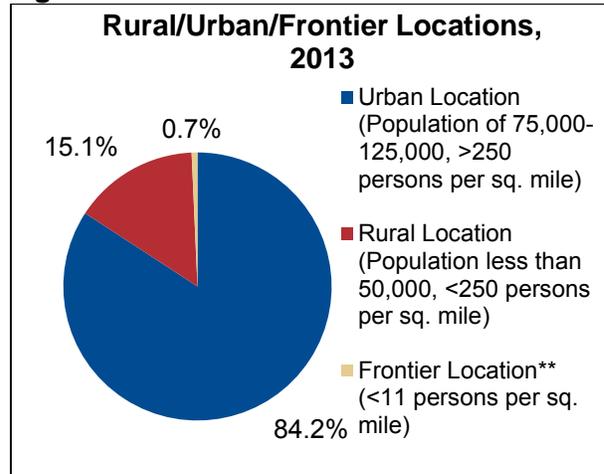
<sup>39</sup> American Academy of Physician Assistants. Retrieved February 2014 from [http://www.aapa.org/news\\_and\\_publications/news/item.aspx?id=6166](http://www.aapa.org/news_and_publications/news/item.aspx?id=6166).

PAs were practicing in urban locations. The percentages of those practicing in rural locations in 1998 and 2013 were 16% and 15%, respectively. Frontier location was only added to the 2013 survey and accounted for less than 1% of PAs. The comparison of results for PAs practicing in urban and rural locations in 1998 and 2013 can be seen below in Figures 23 and 24.

**Figure 23**



**Figure 24**



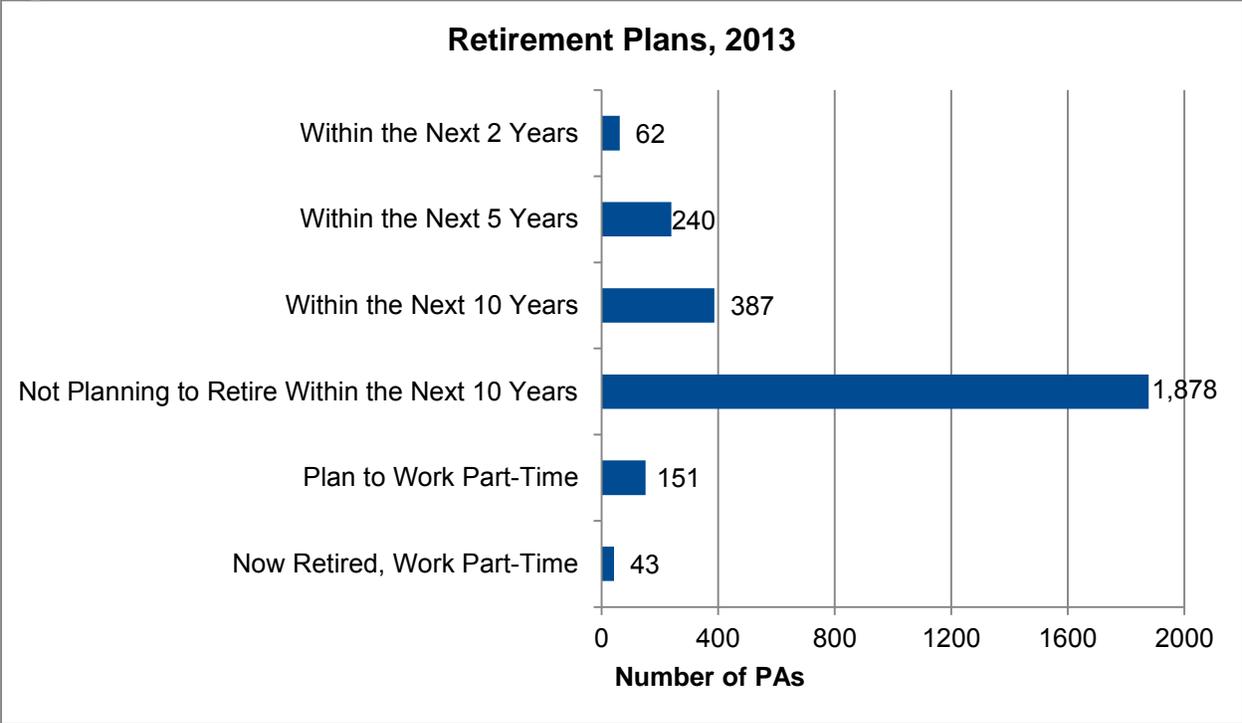
\*N=2,806

\*\*Frontier Location was added to the 2013 survey only

### V.J Retirement Plans

Data gathered for retirement plans were derived from 2,761 respondents; 644 PAs did not provide a response to this question. Respondents were asked to indicate when they were planning to retire. Responses received showed that the majority of PAs were not planning to retire within the next ten years and 62 PAs indicated that they were planning to retire within the next two years.

Figure 25



\*N=2,761

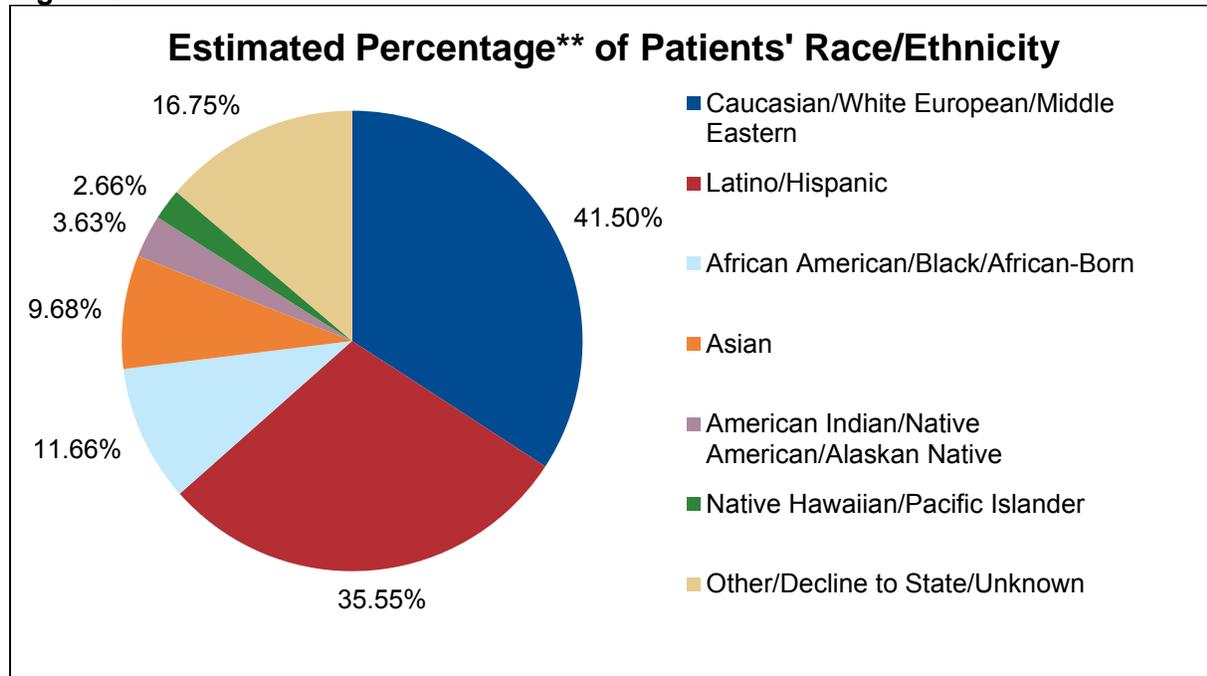
## Chapter VI

### Characteristics of Patients Seen by Physician Assistants

#### VI.A Patients' Race/Ethnicity

Data gathered for patients' race/ethnicity were derived from 2,777 respondents; 628 PAs did not provide a response to this question. Survey respondents were asked to estimate their patients' race/ethnicity. The categories for race/ethnicity were not defined in the same way for the 1998 and 2013 surveys, so a direct chart comparison is not displayed; however, the percentages for Latino/Hispanic were the same (35%) in the 1998 and 2013 surveys. The 2013 survey added White European and Middle Eastern to the category of Caucasian and found that roughly 41% of the PAs' patients fell into that category, while the 1998 survey showed 42% for Caucasians. The estimated percentage of patients' race/ethnicity is displayed below in Figure 26.

**Figure 26**



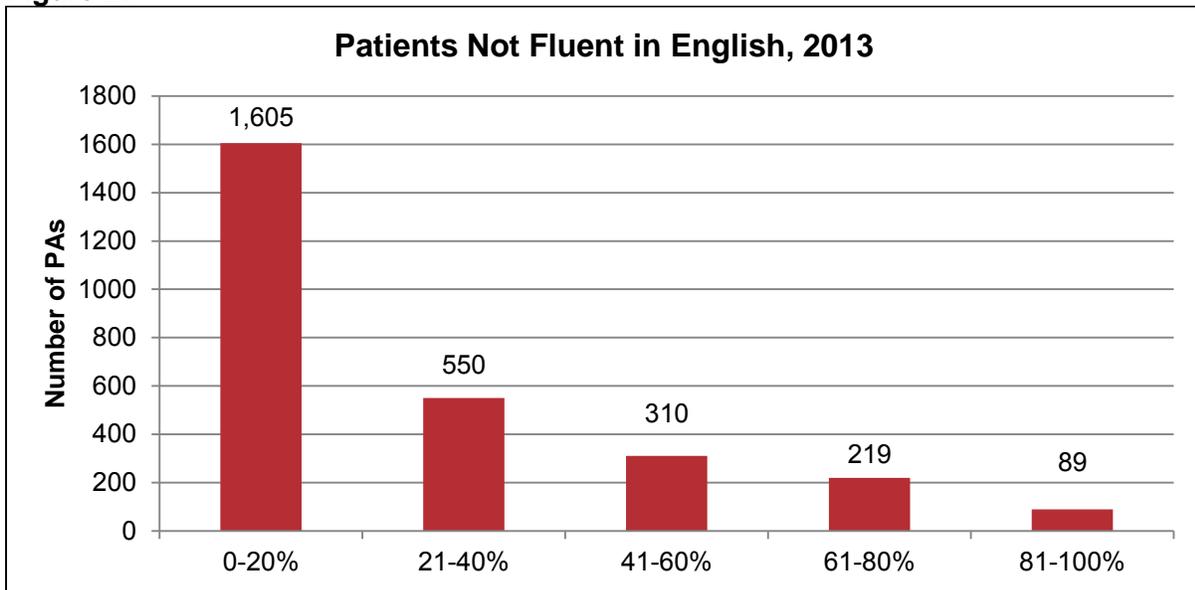
\*N=2,777

\*\*Estimated percentages are response averages and, therefore, the total is greater than 100%.

#### VI.B Patients' English Language Fluency

Data gathered for patients' English language fluency were derived from 2,773 respondents; 632 PAs did not provide a response to this question. Survey respondents were asked to identify the percent of their patients who are not fluent in English. Individual responses were sorted and grouped into ranges. Results showed that the majority of PAs (1,605) stated that only 0-20% of their patients were not fluent in English. Only 89 PAs stated that between 81-100% of their patients were not fluent in English. Figure 27 shows the ranges of patients who were identified as not fluent in English by their PA provider.

**Figure 27**



\*N=2,773

### VI.C Patients' Insurance

Data gathered for patients' insurance were derived from 2,766 respondents; 639 PAs did not provide a response to this question. Respondents were asked to estimate the percentage of their patients who are uninsured or who are Medi-Cal beneficiaries. A comparison of the 1998 and 2013 surveys showed that, over the past 15 years, the percentage of patients who were uninsured rose from 18% to 22% and the percentage of Medi-Cal patients declined from 30% to 28% from 1998 to 2013. Percentages from both surveys can be seen below in Table 10.

**Table 10: Percentage of Patients by Insurance Type**

Insurance Type	% of Patients in 1998	% of Patients in 2013
Uninsured	18%	22%
Medi-Cal	30%	28%
Total	48%	50%

\*Estimated percentages are response averages and, therefore, the total is not equal to 100%.

## Conclusion

The survey data presented in this report indicate that PAs are continuing to make great contributions to California's healthcare workforce. Major findings are summarized below.

### Demographics

- There were more female than male PAs at approximately 1,675 (57%) and 1,251 (43%), respectively.
- The highest proportion of PAs were Caucasian/white European/Middle Eastern at 1,774 (61%) and the lowest proportion were American Indian/Native American/Alaskan Native at 21 (1%).
- The average age of PA respondents was 49 and the mode (age with the highest number of PAs) was 38.
- Out of 2,917 PA respondents, 1,204 (41%) PAs indicated that they were fluent in a language other than English.

### Educational Statistics

- The survey found that 1,996 (68%) of PAs graduated from a California PA program and 956 (32%) did not.
- The California PA programs, Western University, Stanford University, and USC Keck School of Medicine, had the highest number of graduates with a combined total of 1,078 (54%) PAs.
- Of the PAs who had student loans, 880 (32%) had loans of \$61,000 or more, while 648 (23%) PAs stated that they did not have student loans.

### Provider Information

- Out of 3,405 PA respondents, 3,233 (95%) are currently licensed to practice in California.
- Out of 3,189 PA respondents, 3,040 (95%) of PAs indicated that they have worked as a PA in the past 12 months.
- Out of 2,957 PA respondents, 1,499 (51%) of PAs reside in Los Angeles, San Diego, Orange, San Bernardino, and Riverside counties.
- No PAs reported residing in the counties of Alpine, Colusa, Inyo, and Sierra.
- Out of 2,885 PA respondents, 1,488 (52%) of PAs practice in Los Angeles, San Diego, Orange, Santa Clara, and San Bernardino counties.
- No PAs reported practicing in the counties of Alpine and Sierra.

- Out of 2,880 PA respondents, 1,832 (64%) of PAs stated that they work 40 or more hours per week.
- Roughly 86% (2,778) of PAs reported working in direct patient care and 13% (1,976) in administrative duties.
- Family practice was the highest reported primary specialty with 854 (38%) PAs, which is consistent with the 1998 survey. Emergency medicine was the second highest reported primary specialty with 326 (15%) PAs.
- Out of 2,811 PA respondents, 877 (31%) PAs have two specialties and 127 (5%) PAs reported having more than five specialties.
- Out of 2,809 PA respondents, 1,155 (41%) of PAs listed private practice as their primary practice site. This percentage is consistent with the 1998 survey, which reported that 40% of PAs selected private practice as their primary practice site.
- Approximately 23% (639) of PAs reported working in a Medically Underserved Area (MUA) and 9% (263) in a Health Professional Shortage Area (HPSA).
- Out of 2,806 PA respondents, 2,363 (84%) PAs work in urban locations.
- Out of 2,761 PA respondents, 1,878 (68%) PAs reported that they were not planning to retire within the next ten years.

### Patient Characteristics

- Out of 2,773 PA respondents, 1,605 (58%) PAs reported that 0-20% of their patients are not fluent in English.
- PAs stated that only 22% (2,766) of their patients are uninsured.

PAs continue to be vital healthcare team members in terms of providing comprehensive care to patients. In collaboration with supervising physicians, PAs assess patients, formulate treatment plans, prescribe medications, order and interpret tests, develop diagnoses, and serve as information resources and advocates for patients and their families.

With the implementation of the Affordable Care Act, an aging population, continued population growth, and the on-going physician shortage and maldistribution, California is in need of more PAs to be part of the teams caring for patients. Fortunately, PAs help to extend care in many areas, including rural and underserved areas, which may be lacking physicians. PAs will also be invaluable in terms of treating the millions of consumers who will now have insurance under the ACA.

## Appendix A

# California PA Practice in 2013

**\*Do you currently hold a California PA license?**

- Yes
- No

**\*Have you worked as a PA in the last 12 months?**

- Yes
- No
- Retired

**\*Are you currently looking or plan to look in the next 12 months for work as a PA?**

- Yes
- No

**\*In what year were you born?**

**\*Residence location:**

County

Zip Code

**\*Did you graduate from a California PA Program?**

- Yes
- No

**\*From which California PA Program did you graduate?**

- Drew University
- Loma Linda University
- Riverside County RMCPA Program
- Samuel Merritt University
- San Joaquin Valley College
- Stanford University
- Touro University California
- UC Davis Medical Center
- USC Keck School of Medicine
- Western University

## California PA Practice in 2013

**\* In what year did you graduate from a PA Program?**

**\* Gender:**

- Male
- Female

**\* Your cultural/ethnic background:**

- African American/Black/African-Born
- American Indian/Native American/Alaskan Native
- Caucasian/White European/Middle Eastern
- Latino/Hispanic
- Asian
- Native Hawaiian /Pacific Islander
- Decline to state/other

**\* Foreign Languages – Are you fluent in languages other than English?**

- Yes
- No

# California PA Practice in 2013

**\*Select all that apply.**

	Verbal	Written
Afrikaans	<input type="checkbox"/>	<input type="checkbox"/>
Albanian	<input type="checkbox"/>	<input type="checkbox"/>
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
Amharic	<input type="checkbox"/>	<input type="checkbox"/>
Apache	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Armenian	<input type="checkbox"/>	<input type="checkbox"/>
Bantu	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>
Bisayan	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>	<input type="checkbox"/>
Burmese	<input type="checkbox"/>	<input type="checkbox"/>
Cajun	<input type="checkbox"/>	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese (Yue Chinese)	<input type="checkbox"/>	<input type="checkbox"/>
Chamorro	<input type="checkbox"/>	<input type="checkbox"/>
Cherokee	<input type="checkbox"/>	<input type="checkbox"/>
Croatian	<input type="checkbox"/>	<input type="checkbox"/>
Czech	<input type="checkbox"/>	<input type="checkbox"/>
Dakota	<input type="checkbox"/>	<input type="checkbox"/>
Danish	<input type="checkbox"/>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	<input type="checkbox"/>
Fijian	<input type="checkbox"/>	<input type="checkbox"/>
Finnish	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>
French Creole	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>
Gujarati	<input type="checkbox"/>	<input type="checkbox"/>
Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>	<input type="checkbox"/>
Hindi	<input type="checkbox"/>	<input type="checkbox"/>
Hmong	<input type="checkbox"/>	<input type="checkbox"/>
Hsiang (Xiang Chinese)	<input type="checkbox"/>	<input type="checkbox"/>

# California PA Practice in 2013

Hungarian	<input type="checkbox"/>	<input type="checkbox"/>
Ibo	<input type="checkbox"/>	<input type="checkbox"/>
Ilocano/Iloko	<input type="checkbox"/>	<input type="checkbox"/>
Indonesian	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>
Kannada	<input type="checkbox"/>	<input type="checkbox"/>
Keres	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>
Kru	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	<input type="checkbox"/>
Lao	<input type="checkbox"/>	<input type="checkbox"/>
Lettish	<input type="checkbox"/>	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>	<input type="checkbox"/>
Macedonian	<input type="checkbox"/>	<input type="checkbox"/>
Malayalam	<input type="checkbox"/>	<input type="checkbox"/>
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>
Mande	<input type="checkbox"/>	<input type="checkbox"/>
Marathi	<input type="checkbox"/>	<input type="checkbox"/>
Marshallese	<input type="checkbox"/>	<input type="checkbox"/>
Mien (Lu Mien)	<input type="checkbox"/>	<input type="checkbox"/>
Mon-Khmer	<input type="checkbox"/>	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>	<input type="checkbox"/>
Navajo	<input type="checkbox"/>	<input type="checkbox"/>
Nepali	<input type="checkbox"/>	<input type="checkbox"/>
Panjabi (Punjabi)	<input type="checkbox"/>	<input type="checkbox"/>
Pashto	<input type="checkbox"/>	<input type="checkbox"/>
Patois	<input type="checkbox"/>	<input type="checkbox"/>
Persian	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>
Rumanian	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>
Samoan	<input type="checkbox"/>	<input type="checkbox"/>
Sebuano	<input type="checkbox"/>	<input type="checkbox"/>
Serbian	<input type="checkbox"/>	<input type="checkbox"/>
Serbo-Croatian	<input type="checkbox"/>	<input type="checkbox"/>

# California PA Practice in 2013

Sinhalese	<input type="checkbox"/>	<input type="checkbox"/>
Slovak	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Swahili	<input type="checkbox"/>	<input type="checkbox"/>
Swedish	<input type="checkbox"/>	<input type="checkbox"/>
Syriac	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>
Tamil	<input type="checkbox"/>	<input type="checkbox"/>
Telugu	<input type="checkbox"/>	<input type="checkbox"/>
Thai	<input type="checkbox"/>	<input type="checkbox"/>
Tonga	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Yiddish	<input type="checkbox"/>	<input type="checkbox"/>
Yoruba	<input type="checkbox"/>	<input type="checkbox"/>
Other (not listed)	<input type="checkbox"/>	<input type="checkbox"/>
Declined to state	<input type="checkbox"/>	<input type="checkbox"/>

## \* Primary Work Location in California:

County

Zip

## \* How many hours per week on average do you work as a PA?

- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40+ hours

# California PA Practice in 2013

## What percentage of your work time do you spend:

In direct patient care %

In administrative duties %

In tele-health %

In teaching %

In research %

Other %

## \*What is your primary practice specialty? Select only one.

- |  |  |
|--|--|
| <input type="radio"/> Aerospace Medicine                     | <input type="radio"/> Obstetrics & Gynecology            |
| <input type="radio"/> Allergy and Immunology                 | <input type="radio"/> Occupational Medicine              |
| <input type="radio"/> Anesthesiology                         | <input type="radio"/> Oncology                           |
| <input type="radio"/> Cardiology                             | <input type="radio"/> Ophthalmology                      |
| <input type="radio"/> Colon and Rectal Surgery               | <input type="radio"/> Orthopedic Surgery                 |
| <input type="radio"/> Complementary and Alternative Medicine | <input type="radio"/> Otolaryngology                     |
| <input type="radio"/> Cosmetic Surgery                       | <input type="radio"/> Pain Medicine                      |
| <input type="radio"/> Critical Care                          | <input type="radio"/> Pathology                          |
| <input type="radio"/> Dermatology                            | <input type="radio"/> Pediatrics                         |
| <input type="radio"/> Emergency Medicine                     | <input type="radio"/> Physical Medicine & Rehabilitation |
| <input type="radio"/> Endocrinology                          | <input type="radio"/> Plastic Surgery                    |
| <input type="radio"/> Facial Plastic and Reconstructive      | <input type="radio"/> Psychiatry                         |
| <input type="radio"/> Family Practice                        | <input type="radio"/> Public Health & General Prevention |
| <input type="radio"/> Gastroenterology                       | <input type="radio"/> Pulmonology                        |
| <input type="radio"/> General Practice                       | <input type="radio"/> Radiation Oncology                 |
| <input type="radio"/> General Surgery                        | <input type="radio"/> Radiology                          |
| <input type="radio"/> Geriatrics                             | <input type="radio"/> Rheumatology                       |
| <input type="radio"/> Hematology                             | <input type="radio"/> Sleep Medicine                     |
| <input type="radio"/> Infectious Disease                     | <input type="radio"/> Spine Surgery                      |
| <input type="radio"/> Internal Medicine                      | <input type="radio"/> Sports Medicine                    |
| <input type="radio"/> Medical Genetics                       | <input type="radio"/> Surgical Oncology                  |
| <input type="radio"/> Neonatal – Perinatal Medicine          | <input type="radio"/> Thoracic Surgery                   |
| <input type="radio"/> Nephrology                             | <input type="radio"/> Urology                            |
| <input type="radio"/> Neurology                              | <input type="radio"/> Vascular Surgery                   |

# California PA Practice in 2013

Neurological Surgery

Other Medical Practice

Nuclear Medicine

## \*Do you currently work in more than one specialty?

Yes

No

## \*Please indicate additional specialties:

Aerospace Medicine

Obstetrics & Gynecology

Allergy and Immunology

Occupational Medicine

Anesthesiology

Oncology

Cardiology

Ophthalmology

Colon and Rectal Surgery

Orthopedic Surgery

Complementary and Alternative Medicine

Otolaryngology

Cosmetic Surgery

Pain Medicine

Critical Care

Pathology

Dermatology

Pediatrics

Emergency Medicine

Physical Medicine & Rehabilitation

Endocrinology

Plastic Surgery

Facial Plastic and Reconstructive

Psychiatry

Family Practice

Public Health & General Prevention

Gastroenterology

Pulmonology

General Practice

Radiation Oncology

General Surgery

Radiology

Geriatrics

Rheumatology

Hematology

Sleep Medicine

Infectious Disease

Spine Surgery

Internal Medicine

Sports Medicine

Medical Genetics

Surgical Oncology

Neonatal – Perinatal Medicine

Thoracic Surgery

Nephrology

Urology

Neurology

Vascular Surgery

Neurological Surgery

Other Medical Practice

# California PA Practice in 2013

Nuclear Medicine

**\*Since graduation from your PA program, in how many different medical specialties have you practiced?**

- 1
- 2
- 3
- 4
- 5
- More than 5

**\*What is your primary practice site?**

- Private Practice
- Kaiser/HMO Clinic
- ER/Urgent Care Center
- Inpatient Hospital Ward
- School Based Clinic
- Community Health Center/FQHC/RHC
- County Hospital/Clinic/Department
- Skilled Nursing Facility (SNF) or NF
- VA/Other Government Facility
- Other (please describe)

**\*Do you work in a:**

- Health Professions Shortage Area (HPSA)
- Medically Underserved Area (MUA)
- None of the Above

**\*Do you work in a:**

- Urban Location (Region 75,000-125,000 pop. and larger than 5 sq. miles)
- Rural Location (Region less than 50,000 pop. and <250 persons per sq. mile)
- Frontier Location (< 11 persons per sq. mile)

# California PA Practice in 2013

**\*Please estimate the percentage of patients you see of each cultural/ethnic background below:**

African American/Black/African-Born %

American Indian/Native American/Alaskan Native %

Caucasian/White European/Middle Eastern %

Latino/Hispanic %

Asian %

Native Hawaiian/ Pacific Islander %

Other/decline to state/unknown %

**\*What percentage of your patients are NOT fluent in English?**

**\*What percentage of your patients:**

Are Uninsured

Have Medi-Cal

**If student loans were used to fund some or all of your PA education, what was the total amount borrowed?**

- Didn't use student loans
- \$30,000 or less
- \$31,000 to \$60,000
- \$61,000 or more
- Decline to state

**\*I plan to retire:**

- Within the next 2 years
- Within the next 5 years
- Within the next 10 years
- Not planning to retire within the next 10 years
- Plan to work part time
- Now retired, work part time

# California PA Practice in 2013

**\*Please let us know your name, email address and last three digits of your PA license number. Before providing OSHPD with the data collected, we will remove identifying data. You will be entered in the drawing for a 32 GB iPad plus 3 other prizes.**

**First Name:**

**Last Name:**

**Email Address:**

## Optional

Last Three Digits of PA  
License Number

**Thank you again for taking this important survey. If you are not a CAPA member, please provide us with your mailing address below so we can keep you abreast of information relating to California PAs.**

**Address:**

**Address 2:**

**City/Town:**

**State:**

**ZIP:**

**Country:**

**Phone Number:**

## Appendix B

## OSHPD's Programs Included in this Report

### State Loan Repayment Program (SLRP)

The California State Loan Repayment Program (SLRP) assists with the repayment of educational loans for primary healthcare professionals who provide healthcare services in federally designated Health Professional Shortage Areas (HPSAs) to improve access to health care in underserved areas in California. The program is funded through a grant from the Bureau of Health Professions (BHP), National Health Service Corps (NHSC) and is administered by the State of California's, Office of Statewide Health Planning and Development (OSHPD).

Applicants must meet the following requirements:

- Be U.S. citizen;
- Have a current and unrestricted California license to practice your profession;
- Have no other existing service commitment or obligation to another entity;
- Be free of judgments arising from Federal debt;
- Be current on all child support payments;
- Be currently employed or have accepted employment at a SLRP Certified Eligible Site (a list of eligible sites can be found on the SLRP web site); and
- Commit to providing full-time (40 hours per week) primary care service in a California HPSA for a minimum of 2 years. For physicians, physician assistants, nurse practitioners, and dental providers; Full-time is defined as a minimum of 40 hours per week; 32 hours at site providing direct patient care and up to 8 hours in practice-related activities (e.g., chart review, meetings, precepting, CME, etc.). The time spent "on-call" cannot be counted toward the 40-hour week. The time spent "on-call" cannot be counted toward the 40 hour week.

For more information regarding SLRP, please go to <http://www.oshpd.ca.gov/HWDD/SLRP.html>.

### Song-Brown Program

The Song-Brown Health Care Workforce Training Act (Song-Brown Program) was established in 1973 under the Health and Safety Code Section 128200-128241 of the California Health and Safety Code to increase the number of family physicians to provide needed medical services to the people of California. The program:

- Encourages universities and primary care health professionals to provide healthcare in medically underserved areas, and
- Provides financial support to family practice residency, family nurse practitioner, physician assistant, and registered nurse (RN) education programs throughout California.

For more information regarding the Song-Brown Program, please go to [http://www.oshpd.ca.gov/HWDD/Song\\_Brown\\_Prog.html](http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html).

## **Health Professions Education Scholarship Program**

To be eligible for the Health Professions Education Scholarship, the applicant must:

- Be currently accepted or enrolled in the following California Board or Committee approved programs:
  - Dentist
  - Dental Hygienists
  - Nurse Practitioners
  - Certified Nurse Midwives
  - Physician Assistant
  - Clinical Nurse Specialists
- Be free from any other service obligation;
- Have valid legal presence and ability to work and provide care in the state of California;
- Graduate after January 31, 2014;
- Be willing to work in a medically underserved area for two years; and
- Complete and submit your application through CalREACH by the deadline.

Those awarded the Health Professions Education Scholarship may receive up to \$10,000. If awarded, recipients agree to a two-year service obligation practicing direct patient care at a qualified facility in California. Qualified facilities include those designated by the U.S. Department of Health and Human Services Health Resources Administration (HRSA) as a medically underserved area (MUA), health professional shortage area (HPSA), county, state or veteran's facility.

For more information regarding the Health Professions Education Scholarship Program, please go to <http://www.oshpd.ca.gov/HPEF/HPSP.html>.

## **Health Professions Loan Repayment Program**

To be eligible for the Health Professions Education Loan Repayment, the applicant must:

- Be licensed and practicing as a:
  - Dentist
  - Dental Hygienist
  - Nurse Practitioner
  - Certified Nurse Midwife
  - Physician Assistant
  - Clinical Nurse Specialist
- Be providing full-time, direct patient care in a California Medically Underserved Area (MUA), Health Professional Shortage Area (HPSA), county, state, prison, or veteran's facility;
- Have outstanding educational debt from a commercial or U.S. governmental lending institution;
- Be free from any other service obligation;
- Have valid legal presence and ability to work and provide care in the state of California;
- Be willing to work in a medically underserved area for two years; and
- Complete and submit your application through CalREACH by the deadline.

Those awarded the Health Professions Education Loan Repayment may receive up to \$20,000. If awarded, recipients agree to a two-year service obligation practicing direct patient care at a

qualified facility in California. Qualified facilities include those designated by the U.S. Department of Health and Human Services Health Resources Administration (HRSA) as a medically underserved area (MUA), health professional shortage area (HPSA), county, state or veteran's facility.

For more information regarding the Health Professions Loan Repayment Program, please go to <http://www.oshpd.ca.gov/HPEF/HPSPLRP.html>.